OLUNTARY reporting lth professionals of adverse and product problems

	See OMS statement of
FDA Use Only	H Pod
Triage unit	21000
seguence 4	31891

1)	/]	EL	Y			1	events an
THE	FDA	MEDICAL	PRODUC	TS REPOR	TING PROG	BAM	Bees

(DES

DA Use Only	H Ped		-	MI ON IN
Triage unit	31,	391	, 	
sednevos 4	210	27.0	<u>'</u>	

THE PUR MEDICAL PRODUCTS REPORTING PROGRAM Page		
Patient information	C. Suspect medication(s)	
>atient identifier 2. Age at time of event:	Name (give labeled strength & mfr/labeler, if known)	^
femaletbs	" (elebrex (dose?) &	D,
383727 Dete male 76 kgs	12 1+ also admits taking Adv	il simultaneoste
B. Adverse event or product problem		es (if unknown, give duration)
1. Adverse count and/or Product problem (e.g., defects/melfunctions)	#1 (dose?)QD #1 8/3	100 - 9/11/00
2. Outcomes all fauled to adverse event		1711700
(check all that apply)	12 Advi (dose) 12 ?	
death congenital anomaly required intervention to prevent	4. Diagnosis for use (indication)	Event abated after use stopped or dose reduced
Interestering Interesterin	"1 Refator Coff repair	#1 Yes no doesn
hospitalization - initial or prolonged other:	no osteoorhritis	
3. Date of O. / I4. Date of / O. /	6. Lot # (if known) 7. Exp. date (if known)	#2 yes no doesn'
event 9/1/00 this report /0/25/00 mortally y	<u>#1</u> <u>#1</u>	8. Event reappeared after reintroduction
5. Describe event or problem	#2 #2	#1 Dyes no doesn'
Prescubed Celebrex for rotato-cuff	9. NDC # (for product problems only)	
The scalar colored for olding		#2 yes no doesn'
repair on 8/31/50.	10. Concomitant medical products and therapy dates (a	xclude treatment of event)
in Class are vide	افعل	
Admitted 9/11/00 with nome(+) stoo		
Hamitted 9/11/00 wish nowe(+) stoop	1	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D. Suspect medical device	
and endoscopically proven	1. Brand name	
multiple small gastric vicers	2. Type of device	
L Multiple small garage of cons	2. Type of device	
and intraluminal blood.	3. Manufacturer name & address	4. Operator of device
West for the second	RECEIVED	health professional
		tay user/patient other:
	NOV 1 2000	J. Grien.
	NAFDWATCH CTU	
	6. WEDWAIGH OF CIT	5. Expiration date (mordayly)
	model #	.
6. Relevant tests/laboratory data, including dates	catalog #	7. If implented, give data (mortalyyr)
Ho (8/24) 13,7 -> 9.0 (9/11)	perial #	
		8. If explanted, give date
Het a 41,1 -> 30 11	lot #	(mordaylyr)
''	other #	
	9. Device available for evaluation? (Do not send	•
<u> </u>		
	10. Concomitant medical products and therapy dates (ex	iciude treatment at avent)
7. Other relevent history, including preexisting medical conditions (e.g., allergies,		NOV 0 1 2000
tace, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.) Diabetes		
osteo ai hun h's	E Reporter (see confidentiality section	on back)
	1. Name, address & phone , Pharm D	
Bet	Rd.	
(no history GI bleed)		
Lian made: C. O. alla		
(no history GI bleed) other meds: Saw Palmetto	1 / 10	4. Also reported to
Med to: MEDWATCH or FAX to:	Dros Dro Phaimacist	manufacturer
8000 Fishers Lane 1-800-FDA-0178 Rockville, MD 20852-9787	5. If you do NOT went your identity disclosed to	user facility
	I THE MANUFACTURES, DISCO OR " X " In this have	distributor

134103





7	form approved; CMF No. US10-0231 Brown. Jos OMS valetness on
	FDA Use Only
^ -	Triage unit

THE FOL MEDICAL PRODUCTS ESPORTING PROCEAM	CDER (DER [
Patient information	C. Suspect medication(s)	
1. Patient identifier 2. Age at time 3. Sex 4. Weight	1. Name (Product Name) (Lapeled	Strength) (Min/Labeler)
of event: 924 lemale fbs	"I TBY PROFEN /	/ (MINICADAIGE)
A STIP		
In confidence of birth: kgs	/ /	/
B. Adverse event or product problem		Therapy dates (if unknown, give durant From To (or best same)
1. Adverse event and/or Product problem (a.g., delects/mailtunctions)] #1 / / #1	
Outcomes attributed to adverse event (cneck all that apply)	#2 / / #2	
death congenital anomaly	4. Diagnosis for use (separate indications with co	
required Intervention to prevent	F1	stopped or dose redu
		I #1 Dyes D no Digo:
hospitalization – initial or prolonged other;	£5	#2 yes no ide
3. Date of 4. Date of	5. Lot # (if known) 7. Exp. date (#1 #1	n khown)
evani 9-15-00 this report 12-13-00	*1	8. Event reappeared and reintroduction
5. Describe event or problem (up to a total or 6400 characters allowed)		1
	9. NDC # (for product problems only)	#1 yes no go
400 (A. 10) - 440		#Z ☐yes ☐ no ☐ ggr
GASTROINTESTINAL BLEEDING: HEMATOCHEZIA. Patient w/	10. Concomitant medical products and there	apy dates (up to a total or 1000 charact
familial polyposis S/P colon resection presents to hospital w/ 2 week h/o LUQ pain & bright red blood on tissue following 3 weeks of	 	
increased ibuprofen 200mg use (about 10 QD) for increased		
body/stomach pain. Bleeding stopped after stopped taking lbuprofer.]	
EXAM: rectal guilaic negative. Gi bleed felt probably from antrai		
erosions (2 small ID'd from EGD) d/t increased NSAID use.	 D. Suspect medical device 	
Discharged on Lansoprazole & Rofecoxib.	1. Brand name	
	2. Type of device	
1	- Type of Bevice	٠.
	3. Manufacturer name & address	4. Operator of device
SISCHARLERY 2 DAME	Dro-	health professio
(20 = 27)	II TECFIVE	lay user/palient
P Admission.	RECEIVE	CD Comerc
7	DEC 1 4 2000	
	1 4 2000	5. Expiration date
	MEDIMATOL .	(mindayyyy)
Relevant tests/laboratory data, including dates (a total of 1000 characters allowed)	model# TVLDVVA CH	
at the arts to be a series and a series at today of 1000 compacture allowed)	catalog #	7. If Implanted, give c
		8. If explanted, give c
	lot #	(WILLIAGO, SANA)
	other #	
		Oo not send device to FDA)
	yes no returned	la manufacturer on
	10. Concomitant medical products and their	
7. Other relevant history, including pre-existing medical conditions		
(up to a total of 500 characters allowed)		
	S. Deportor (
	E. Reporter (see confidentiality	
	1. Name phone #	
- DSS		
000	Address led Center	E-mail (for electronic acknowledges
mmn 4 4 2001		
CTV134103 DEC 1 4 2001	2. Health professional? 3. Occupation	4. Also reported to
	yes no Pharmadist	manufacturer
	5. If you do not want your identity disclosed	
5600 Fishers Lane 1-50-DA 1178 Rockville, MD 20852-9287	the manufacturer, place an "X" in this box	
$\mathbf{R} \mathbf{A} \mathbf{L} + \mathbf{N} \mathbf{W} \mathbf{W} \mathbf{A} \mathbf{A} \mathbf{A}$	1' I	

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Approved by FDA or	1 10/20/93	3
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HE FDA MEDICAL PRODUCTS REPORTING PROGRAM	Triage unit sequence # / 33 / A / !		
	ge 1 of 1		
. Patient Information	C. Suspect Medication(s)		
. Patient Indentifier 2. COB: 3. Sex 4. Weight AGE: 87 yrs MALE 35.4 kg	1. Name #1 : IBUPROFEN		
. Adverse Event or Product Problem	=====		
. [X]Adverse Event []Product problem	2. Dose, frequency & route used 3. Therapy dates		
Outcomes attributed to adverse event [] death: [] disability [X] life-threatening [] congenital anomaly [X] Hospitalization [X] required intervention to initial or prolonged prevent impairment/damage [] other	4. Diagnosis for use(indication) 5. Event abated after use stopped or dose reduced? #1: #1: N/A		
Date of event 4. Date of this report 11/10/00 11/10/00	6. Lot # (if known) 7. Exp. date 8. Event reappeared after		
Describe event or problem pastrointestinal bleeding	reintroduction		
	9. (Not applicable to adverse drug event reports)		
i. Relevant test/laboratory data. including dates DLEASE SEE ATTACHED	10. Concomitant medical products/therapy dates(exclude treatment) VERAPAMIL SR 180 MG TAB BACTRIM DS EQUIVALENT TAB ACETAMINOPHEN 500 MG CAPLET PLEASE SEE ATTACHED ====================================		
7. Other relevant History, including preexisting medical conditions 87 year old male with a history of peptic ulcer disease 1997, dementia, and supraventricular tachycardia. The patient was admitted after an episode of near syncope	E. Reporter		
followed by melena that resulted in hospital admission i PLEASE SEE ATTACHED	1. Name, address & phone #: PHARMACY SERVICE ===== 1201 N W 16TH STREET MIAMI, FLORIDA 33125 324-4455		
Mail to: MedWatch or FAX to: 5600 Fishers Lane 1-800-FDA-0178 Rockville, MD 20852-9787			

Submission of a report does not constitute an admission that medical personnel or the product caused or contributed to the event.

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JAN 0 4 2001

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CTV135021



ATTACHMENT PAGE PATIENT ID:

SUSPECT MEDICATION: IBUPROFEN

135021

DATE OF EVENT: 7/23/00

Section B. Part 6. Relevant Test/Laboratory Data Continued:
THST: HGB RESULTS: L 9.1 g/dL H:17.2/L:12.8 COLLECTION DATE: 7/25/00@01:19
THST: HCT RESULTS: L 27.4 % H:48.2/L:40.2 COLLECTION DATE: 7/25/C0@01:19
THEM: HCB RESULTS: L 9.4 g/dT. H:17.2/L:12.8 COLLECTION DATE: 7/24/00@C7:0C

TEST: HGB RESULTS: L 9.4 g/dL H:17.2/L:12.8 COLLECTION DATE: 7/24/00@C7:0C TEST: HCT RESULTS: L 28.3 % H:48.2/L:40.2 COLLECTION DATE: 7/24/00@07:00 TEST: HGB RESULTS: L 10.8 g/dL H:17.2/L:12.8 COLLECTION DATE: 7/23/00@07:60 TEST: HCT RESULTS: L 32.5 % H:48.2/L:40.2 COLLECTION DATE: 7/23/00@07:00

Section B. Part 7. Other Relevant History Continued

The patient had been self-administering ibuprofen. The patient received two units of packed red blood cells and underwent upper endoscopy which showed a prepyloric ulcer with brown eschar, but no active bleeding at the time of the endoscopy. The patient remained hemodynamically stable after the transfusion and a transfer was coordinated by the family this facility. The patient underwent a second endoscopy which showed a 2 cm clean based ulcer in the duodenal bulb with duodenitis. The stomach had no ulcers. H-pylori was negative with CLO test. Throughout admission, the patient's hematocrit remained stable and the ulcer was treated with ranitidine and lansoprazole. He was discharged to a nursing home.

Section C. Part 1C. Concomitant Drugs Continued TIMOLOL 0.5% OPHTH SOL 15 ML PILOCARPINE HCL 2% OPHTH SOL 15 ML DORZOLAMIDE 2% HCL OPHTH SOL 5 ML

JAN 05 - L

135021



BOX 8299

DWATCH

ODUCTS REPORTING PROGRAM

Approved	by the	FDA on	09/24/1	29

Mfr report #	HQ20643110CT2000
UF/Dist repor	
	FDA Use Oniv

PHILADELPHIA, PA 19101 Page 1 of	2	FDA Use On
A. Patient information	C. Suspect medicati	
1. Patient identifier 2. Age at time of event: or 69Yr Date of Ruth: 3. Sex 4. Weight UNK ibs or cr 69Yr Date of X male kgs	1. Name (give labeled strength & mfr/labeler # 1 ADVIL (IBUPROFEN, Table # 2	r, if known)
B. Adverse event or product problem	2. Dose, frequency & route used #12 daily for weeks.,	3. Therapy dates (if unknows, give duration) # 1_UNK
Adverse event	Oral #2	#2
(check all that apply) disability congenital anomaly required intervention to prevent permanent impairment/damage	4 Diagnosis for use (indication) #1 Pain NOS	5. Event abated after use stopped or dose reduced
X hospitalization-initial or prolonged other:	#2	UNK #2 ves nc doesn
3 Date of event 07/04/2000 4. Date of this report 01/09/2001 (mo/day/yr) 01/09/2001 5 Describe event or problem	6. Lot # (if known) 7. Exp gate (if ki	nown) 8 Event reappeared after
Additional information received on 28-DEC-2000 from a physician upgraded the report to a 15 day. Initial	#2 #2	reintroduction * 1 yes noX coesn' apply
information was received on 11-OCT-2000 from a 69 Yr old male. The patient's concurrent illnesses include Diabetes mellitus and Drug hypersensitivity (Penicillin	9. NDC # – for product problems only (if know	wn) # 2 yes no doesn' apply
allergy) with a past history of back surgery and right rotator cuff repair. Therapy with ADVIL (IBUPROFEN)	10. Concomitant medical products and therap	by dates (exclude treatment of event)
(Tablet) for pain began weeks ago at 2 tablets daily. It is unknown if the patient was taking any concomitant	G. All manufacturers 1. Contact office - name/address	S 2 Phone number
medications. The patient was taken to the emergency room on 04-JULY-2000 after feeling ill and vomiting some blood (Haematemesis. Upon evaluation in the ER, the	WHITEHALL-ROBINS 201 King of Prussia Sixth Floor Radnor, PA 19087-5114	6109644680
patient was found to have Heme positive stool with no abdominal tenderness. Blood tests revealed the	Radnor, PA 19087-5114 Jill Robinson	3. Report Source. check all that apply)
following: Amylase normal at 46, BUN: 20 ,Creatinine: 0.7; total Bilirubin was elevated at 2.6 with only minimal elevations of the Alkaline phosphatase and SGOT;		study
SGPT was normal; white blood cell count was 8.1, hemoglobin and hematocrit were 12.4 and 35 respectively;		titerature consumer y health
(cont'd) 6. Relevant tests/laboratory data, including dates	1	naviossisnoi
See following page.	12/28/2000 6. If IND, protocol #	PLA # company representative distributor
		ore-1938 yes other:
7 Other relevant history, including preexisting medical conditions	E elevi Ve de elevi 1	Adverse event term(s) esophageal ulcer
(e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.) CONCURRENT CONDITIONS:	10-day periodic	aematemesis
Diabetes mellitus NOS; Drug hypersensitivity PAST CONDITIONS:	9. Mtr. report number	
Operation NOS; Rotator cuff syndrome	HQ20643110CT2000	
	E. Initial reporter 1. Name & address	phone #
5 SOGA	Dr Road US	
DA Form 3500A (tacsimile) Submission of a report does not constitute an admission trial medical personnel user facility, distributor, manufacturer or product caused or contributed to the event.	2. Health professional? 3. Occupation X yes no Physic	4. Initial reporter also sent report to FDA

JAN 0 9 2001 DATE SENT TO FDA 4. Initial reporter also sent report to FDA yes no X unk

'JAN 1 0 2001



Box B.5 - Describe event or problem

EDWATCH

PRODUCTS REPORTING PROGRAM

Approved by the FC	34 00 00/24/100	•

HQ20643110CT2006

FDA Use Only

BOX 8299 PHILADELPHIA, PA 19101

Page 2 of 2

(Continuation)

patient (esophagoulcer). antiinfl	was transfe gastroduode The patien ammatory dr	mal at 165. The patient was treated with incred to another hospital on 05-JULY-2000 whe enoscopy, which revealed an ulceration at that also had a colonoscopy done which reveal rugs fundal gastritis and gastroesophageal jugs started on Prilosec and was discharged	ere he underwent an ne gastroesophageal junction (Oesophageal led questionable non steroidal junction ulcer and questionnable Advil null	
Box B.6 - F	Relevant te	st/laboratory data, including dates	(Continuation)	
Test Nan Da		- ·		
		Result	Normal Range	
	aminotransf /00/2000	ferase normal	-	
	e aminotran /00/2000	nsferase slightly elevated	-	
Barium e	nema /00/2000	negative	-	
	kaline phos /00/2000	sphatase NOS slightly elevated	-	
Blood am	ylase /00/2000	46(normal).	~	
Blood bi	lirubin /00/2000	2.6	-	
	eatinine /00/2000	0.7	-	
Blood in	stool /00/2000	positive	-	
Blood ur	ea /00/2000	20	-	
Colonosco 07,	opy /00/2000	Ouestionable nonsteroidal antiinflammatory drugs fundal gastritis.	-	
Haematoc:	rit /00/2000	35	-	
Haemoglol		12.4	-	
Oesophago 07/		ulceration at the gastroesophageal junction.	-	
Platelet 07/		165	-	
	ood cell com /00/2000	unt 8.1	-	
		upper gastrointestinal tract unknown	-	:



alth professionals of adverse nts and product problems

Triage unit	141
Sequence #	1360193
	- VOYTA

+3655828-2-00-01=	, age		<u> </u>	COD!		
in in the state of	14 A STATE OF THE	i i	CL Suspect me	dication	(s)}	
Patient identifier 2. Age at time of event:	3. Sex 4. Weight		Name (give labeled str	ength & mfr/la	abeler, if known)	
7877 or	female or	bs	#1 ASPITIN			
n contidence of birth:	male	cas	#2 Ibupider	7 (01	-)	
Ha Adverse eventor product probl		ا لست	2. Dose, frequency & rou	te used	5. Therapy di	ates (if unknown, give duration
	m (e.g., defects/malfunctions)	,	#1325mg 901)	#1	(eştimale)
Outcomes attributed to adverse event check as that apply) disabilify		-	#2 UNKORCEN Q		#2	
	tal anomaly		4. Diagnosis for use (indi			5. Event abated after use
- imordaviyri required	I intervention to prevent	-	#1 pain	,		stopped or dose reduce
permani	ent impairment/damage		#2		·	#1 yes no doesr
			#2 6. Lot # (if knawn)	7 5	d-4 (1	#2 yes no doesn
Date of event 1138 (Yr) 4. Date of this report	11100		#1	#1	date (if known)	
5 Describe event or problem	12/00	-11	#2	#2		Event reappeared after reintroduction
_	atomoc -	1 1				#1 yes no doesn
Admitted to mich to hom	WEIDSE		O. NDC # (for product proble -	ems only)		#2 yes no doesn
Transfiso du PRBC.		1	0. Concomitant medical	products and	therapy gates re	exclude treatment of events
	\circ	11			,,	
Started sandostatin dry						
Pt had stopped taking (revacid'					
DIC NSAIDS, Tichid,	-	16				
is to a so it is			DE Suspectimed Brand name	ical/dev	ice≅	king who his g
Continue Prevacid 30mg	ain		brand name			
~ 30ma) pii)	2.	Type of device			
•		3.	Manufacturer name & ad	dress		4. Operator of device
						health professional
						lay user/patient
		11				other:
		11				
		6.				5 Expiration date
		ł (ode! #			(mo:clay/yr)
. For tests/laboratory data, including dates		11		 _		7. If implanted, give date
		Cat	talog #			(morcayryr)
RECEIV	r D	ser	rial #			
TILUEIV	こり	lot	#			8. If explanted, give date (mo/day/yr)
JAN 2 6 20	N 1	oth	er#			
•		9. 1	Device available for evalu	ation?	(Do not send t	o FE(A)
MEDWATCH	CTU		yes no	return	ed to manufactur	er on
		10.	Concomitant medical pro	ducts and th	erapy dates (exc	lude treatment of event)
Coner relevant history, including preexisting medical co	nditions (e.g., allergies,					
regnancy, smoking and alcohol use, hepatic/renal dy	sfunction, etc.)					
		E	Heporter (see co	onfidential	lity/section o	omback)≇ at a sk
		1.	Name, address & phone			
					Bird	DSS
	1					N 3 9 2001
					, A	11 0 0 Z001
CTU136492	ļ	2. H	ealth professional? 3.	Occupation	la la	Also reported to
11-21-4	EAVec	À	7 yes 7 no 1	OL	4.	Also reported to manufacturer
5600 Fishers Lane	FAX to: 1-800-FDA-0178	5. 1	f you do NOT want your ic	entity disals	sed to	user facility
Rockville, MD 20852-9787		t	he manufacturer, place ar	" X " in this	box.	distributor
33: Submission of a report does not	constitute as a series in					

Τħ W١



WATCH

DUCTS REPORTING PROGRAM

Approved by	he FDA on 09/24/1999
Mir report #	HQ6624531JAN2001
UF/Dist report	#
	FDA liss Col.

			Page 1 of	2			FDA Use ()
A. Patient is	nformation			C. Suspec	t medicatio	n(s)	
allari ide idie	2. Age at time of event: or 34Yr	3. Sex X temale	4. Weight 115 lbs or	1. Name (give labeled #1 ADVIL MIGR	strength & mfr/labeler, if AINE (IBUPROFE	known)	a, Liquid
in confidence	Birth:	male	kgs	# 2			
B. Adverse	event or pro	duct problem	L	2. Dose, frequency & re		3. Therapy date	es (it unknown, give ouration)
1 X Adverse ev	vent	Product problem (e.g., de	fects/malfunctions)	#11 Capsule : Day, Oral	2x per 1	#1 11/11/	2000 to 11/11/200.
Outcomes attributed (check all that apply)	to adverse event	disability		# 2		#2	
death		congenital anomaly		4. Diagnosis for use (in	dication)		
life-threatening	o/day/yr)	required intervention permanent impairme	to prevent	#1 Migraine No		5	. Event abated after use topped or dose reduced
hospitalization-init	tial or prolonged	X other:		# 2		*	1 X yes no doe: r
		medically impor	ant			ĺ.	2 Tyes Ting Tidget:
3. Date of event 13 (mo/day/yr)	1/11/2000 4.	Date of this report (mo/day/yr)	02/06/2001	6. Lot # (if known)	7. Exp date (if know	471) #	2 yes nc doe:
5. Describe event or prot				#13001883	# 1	δ.	Event reappeared after
Information wa	s received on 2	6-JAN-2001 and 31	-JAN-2001	#2	*2	1	introduction
concurrent illi	nessses include	sumer. The patie	thromycin		**	*	yes no X apr
and codeine, in	nsomnia, migrai	ne headaches, mit tis with a past h	ral valvo	9. NDC # - for product p	roblems only (il known)		2 yes no does i
tonsillestomy,	rhinoplasty, a	nd breast augment	ation	10. Concomitant medica	products and therapy d	ates (exclude trea	tment of overall
Therapy with A	DVIL MIGRAINE (IBUPROFEN) (Capsu	le. Limid	See following	Page.	and foreigns free	inem or eve it)
ceased on 11-No	OV-2000. The d	s began on 11-NOV ose regimen inclu	ded one	G. All man	ufacturers		
capsule by mout	th twice daily	at 5:00PM and 8:0	ПРМ	1. Contact office - name/			2. Phone number
respectively.	Concomitant th	erapy included KL FTIN (CEFUROXIME	ONOPIN	WHITEHALL-ROBI 201 King of Pr Sixth Floor	NS ussia	CENTER	61.09644680
and SINEQUAN (I	DOXEPIN HYDROCH	LORIDE). At 11	PM on	Radnor, PA 190	87-5114	٠,	OR port source
11-NOV-2000 the	consumer's mo	ther noticed that	the	Jill Robinson		SO YEC	ck all that apply)
she was experi-	n was differen Roing symptoms	t (Dysarthria) as of anaphylactic	nd that			200	Oreign
(Anaphylactic s	hock) such as o	confusion and going	og ir and		副	COSON	l licoy
out of consciou	isness. The cor	Sumer reported +1	rat che			. T	litérature
add noarse and	(cont'd)	Her mother not:	ced that	1 5		WRESFARS	health
6. Reievant lests/laborator	n, data including data			 Date received by manu (mo/day/yr) 	١٠.	DA 20-402	prcfessional
See following				01/26/20		D #	user facility
- ·	• 5		Ì	6. If IND, protocol #	PL/	4 #	representative
			1		pre-1	1938 yes	dis ributor
				7. Type of report	OTC produ		Other
7.0%					8. Adv	rerse event term(s)	
Other relevant history, in (e.g., allergies, race, pregn	ncluding preexisting medica nancy, smoking and alcoho	al conditions of use, hepatic/renal dysfunction	2 010)	5-day X 15-da	Anap	hylactic s	
CONCURRENT COND:	ITIONS:			10-day period	bysa Seda	rthria	
Migraine NOS; Hy	ypersensitivity	NOS; Mitral valv a NOS; Bronchitis	e	X initial follow		atemesis	
		a NOS; Bronchitis	NOS	9. Mfr. report number		FEB	9 8 2001
PAST CONDITIONS:			1	HQ6624531JAN	2001	, ,,	•
ionsillectomy; F	Rhinoplasty; Br	east enlargement					
			ł	E. Initial repo	orter	:	
			i I	1. Name & address	No.	phone #	
					, Ms , US		DOO
					-, 55	100	DSS
							'n 4 6 2004
FEB 07	2001					FE	B 0 9 2001
A Form 3500A (facsimile)		of does not constitute an admission facility, distributor, manufacto the event.	sion that turer or product	2. Health professional?	3. Occupatio		tial reporter also
	caused or contributed	to the event		T 17" [A " 1	UNK	i se	ent report to FEA



Box B.5 - Describe event or problem

""EDWATCH

RODUCTS REPORTING PROGRAM

Mir report # HQ6624531JAN2001	fir report #	HQ6624531JAN2001
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FDA Use Only

Page	2	of	2

(Continuation)

she kept falling asleep with her eyes open (Sedation). At that point the patient felt that her throat was closing up. The patient has previously taken regular IBUPROFEN in the past without incident 2-NOV-2000, the patient went to the emergency room of

were she was treated and subsequently released. The patient continued to experience poor breathing , and on 12-NOV-2000 she went to in where she was treated with SOLUMEDROL and BENADRYL. The patient's labs during that emergency room visit were as follows: a blood pH cf 7.404, a pCo2 of 35.1 mmHg, a pC2 of 104.6mmHg, a pAtm of 748, and HCO3 of 21.5 mmol/L, a blood base excess of -2.7 mmol/L, a ctHb of 12.4g/dL, an oxygen saturation of 98.5%, an O2Hb of 97.6%, a COHb of 0.7%, a MetHb of 0.1%, a HHb 1.5%, and a hct of 36% The patient's hoarseness abated, but she still felt than her throat was "closing up." During her tdy at the patient experienced damage to her right radial vein due to an improper intravenous line. The patient will subsequently have the vein the patient experienced damage to her removed. On 13-NOV-2000, the patient had vomited "old blood" (Haematemesis). The patient went to the hospital at where she had a maso-gastric tube placed to drain the blood from her stomach. The patient recovered from her gastrointestinal bleed with the exception of a 10 pound weight loss. The patient's physician attributed her symptoms to therapy with ADVIL. On 26-NOV-2000, the patient was confirmed to have phlebitis at her old intravenous line site. Additional information has been requested.

Box B.6 - Relevant t	est/laboratory data, including dates	1.0
Test Name	dates	(Continuation)
<u>Date</u>	Result	Normal Range
Acid base balance 11/12/2000	-2.7 mmol/L	-2.0 - 2.0
Blood bicarbonate 11/12/2000	21.5 mmol/L	22 - 26
Blood carbon dioxi 11/12/2000	de 35.1 mmHg	35 ~ 45
Blood pH NOS 11/12/2000	7.404	-
Haematocrit 11/12/2000	36 %	37 - 50
Haemoglobin 11/12/2000	12.4 g/dL	13.5 - 18.5
Oxygen saturation 11/12/2000	98.5 %	92.0 - 98.5
PO2 11/12/2000	104.5	92.0 - 98.5
11/12/2000	104.6 mmHg	80 - 100

Box C - Suspect medication(s) (Continuation from Lines #1 and #2 on original page) 1. Name (give labeled strength & mfr/labeler, if known)

1.1 Filled)

FER 0 8 2001

Box C.10 - Concomitant medical produ	acts and therapy dates (exclude treatment of eve	
<u>Therapy Name</u>	Dose, frequency, & route used	ent) (Continuation
KLONOPIN (CLONAZEPAM)		Therapy Dates
,	0.5 mg 1x per 1 Day, Oral	06/00/2000 to Continues
IRON (IRON)	325 mg lx per 1 Day, Oral	
CEFTIN (CEFUROXIME AXETIL)		01/00/1999 to Continues
	unknown, Oral	unknown
SINEQUAN (DOXEPIN HYDROCHLORIDE)	10 mg given as needed, Oral	
	s service included, oral	Continues

FEB 0 9 2001



MEDWATCH THE FDA MEDICAL PRODUCTS REPORTING PROGRAM

VOLUNTARY reporting by health professionals of adverse events and product problems

Internet Submission - Page 1

Form Appreved: ()MB No. 8910-8291 Expires 12/31/86 See OMB statement on reversi

FDA Use Cnty

Triage unit sequence # / 3 7689

A. Patient information	C. Suspect medication(s)
1. Patient identifier 2. Age at time 3. Sex 4. Weight	1. Name (Product Name) (Labeled Strength) (Mfr/Labeler)
of event: 60 Years female bs	#1 Adv 12
case #14 Date Comple or	#2 /
In confidence or birth:	2 Dose/Frequency/Route used 3 Therapy dates of an mown give curation
B. Adverse event or product problem	#1 / #1 From To to: best est mate
1. Adverse event and/or Product problem (e.g., defects/mailunctions)	
2 Outcomes attributed to adverse event (check all that apply) disability	#2
congenital anomaly	4. Diagnosis for use (separate indications with commos) 4. Diagnosis for use (separate indications with commos) 5. Event abated after use stopped or dose reduce
death required intervention to prevent permanent impairment/damage	#1 Dyes no does
rospitalization – initial or prolonged other:	1 42
1.0spitalization - Illidai of proto igeo	6. Lot # (if known) 7 Exp. date (if known) #2 yes no doe app
3. Date of 4. Date of this report 02/13/2001	#1 #1 8 Event reappeared after
(mm/dd/yyyy) (mm/dd/yyyy)	#2 #2 reintroduction
5 Describe event or problem 60yo presented with malaise/fatigue and	9. NDC # (for product problems only)
dark tarry stool for 1 day. Prior to	#2 yes no coe
hydration Hct 27%. Pt took 2 Advils for	10. Concomitant medical products and therapy dates (exclude treatment of event)
shoulder pain the day prior to admission.	
Hot dropped to 22 and transfused 2 u PRBC. No further bleeding after admission	
PRDC. NO Identify alouaning	
	D. Suspect medical device
	Brand name
	O. T of device
	2. Type of device
	3. Manufacturer name & address 4. Operator of device
	health profession
	RECEIVED lay user/patient
	other:
	FEB 1 5 200
	5. Expiration date
	6. model # MEDWATCH CTU
	model #
6 Relevant tests/laboratory data, including dates	catalog # // if implanted, give o
	serial #
	8. If explanted, give of
	lot# immiddisyyy-
	other#
	9. Device available for evaluation? (Do not send device to FDA)
	(mineaddyyyy):
	10. Concomitant medical products and therapy dates (exclude treatment of event)
7. Other relevant history, including preexisting medical conditions	
(e.g., a'lergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction letc.)	.]
CHE MARKET	E. Reporter (see confidentiality section on back)
NATE OF	1. Name phone #
	VAMC 50 IrvingStreet N.W
	Washington District of Columbia 20422
	United States Med.VA.Gov
CTV137689 31 (14 14 14 14 14 14 14 14 14 14 14 14 14 1	2. Health professional? 3. Occupation 4. Also reported to how we have a professional? 3. Occupation 4. Also reported to how we have a professional? 4. Also reported to how we have a professional?
Mail to: MEDWATCH or FAX to:	T westrally
5600 Fishers Lane 1-800-FDA-0178	5. If you do not want your identity disclosed to the manufacturer, place an "X" in this box.



THE FDA MEDICAL PRODUCTS REPORTING PROGRAM

VOLUNTARY reporting ealth professionals of adverse ents and product problems Page ____ of _____.

	See OMB statement on rave
FDA Use Only	
Yringe unit	フーリー

Triage unit sequence f	1	3	76	7	
		_			<u> </u>

A. Patient information	C. Suspect medication(s)	
1. Patient identifier 2. Age at time 3. Sex 4. Weight	Name (give labeled strength & mfr/tabeler, if known)	
of event: 27 female — bs	#1 (BUPROFC) (OTC)
Date Of	#2	
In confidence or	1	s (if unknown, give duration)
B. Adverse event or product problem	kronvlo (or bes)fest	imale)
1. Adverse event and/or Product problem (e.g., defects/malfunctions)	#1 ~/~ #1 N/A	
2. Outcomes attributed to adverse event disability	#2	
(check all that apply) congenital anomaly		Event abated after use
death required intervention to prevent	" PAID	stopped or dose reducer
Ife inreatening permanent impairment/damage		11 yes no doesr
hospitalization – initial or prolonged	#2	
3. Date of 4. Date of	6. Lot # (if known) 7. Exp. date (if known)	t2
event (1-1-06 this report	#1 #1	3. Event reappeared after
(mo/day/y) (mo/day/yi) 5. Describe event or problem	#2 #2	reintroduction
3. Describe event of providing	O. NIDC # (for product explores explain	11 Uyes Uno doest
HEMPTEMESIS &	9. NDC # (for product problems only)	2 yes no desr
NEWINI EMISSIO	10. Concomitant medical products and therapy dates (ex	appry — appry
·	RANITIOINE	adde treatment of event)
MCLENA X3 DAYS		
	D. Suspect medical device	
	1. Brand name	
	2. Type of device	
	3. Manufacturer name & address	4. Operator of device
		health professional
	DEOE	ay user/patient
	l RECEIVED	other:
	FEB ± 5 200)	
	6.	5. Expiration date (mo/day/yr)
	model # MEDWATCH CTU	
6. Relevant tests/laboratory data, including dates	WEST//TOTOTO	7. If implanted, give date
	catalog #	(mo/day/yr)
	serial #	<u>L</u>
	liot #	8. If explanted, give date
	101 *	imo/cay/yri
	other #	
	9. Device available for evaluation? (Oo not send	•
	yes no returned to manufactur	er on(mo/day/yr)
	10. Concomitant medical products and therapy dates (exc	fude treatment of event)
7. Other relevant history, including prexisting medical conditions (e.g., allergies,		
race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction_etc.)		
	E. Reporter (see confidentiality section)	on back)
	1. Name, address & phone #	4
	OVERTON BROOKS VA MEDICAL	CENTER
	510 EAST STONER AVENUE	しつつ
	SHREVEPORT, LOUISIANA 71101-	and the second s
	(318)-424-6001	5 2001
CT1/137675	2. Health professional? 3. Occupation 4	Also reported to
	yes no PP	manufacturer
Mail to: MEDWATCH 0/ FAX to: 5600 Fishers Lane 1-800-FDA-0178		user facility
Rockville, MD 20852-9787	5. If you do NOT want your identity disclosed to the manufacturer, place an " X " in this box.	distributor

MED**W**ATCH

THE FDA MEDICAL PRODUCTS REPORTING PROGRAM

VOLUNTARY reporting by health professionals of adverse events and product problems

Internet Submission - Page 1

For it Appleved		atement o		
DA Use Cnly				
	 		_	

A. Patient in	nformation	C. Suspect medication(s)	
. Patient identifier		1. Name (Product Name) (Labeled Strength) 1. Name (Product Name) (Labeled Strength) 200 mg	(Mfr/Labeler)
	of event: 77 Years	#1 Ibuprofen /200 mg	1
1606	or	BC Powder /500 mg	',
	Date male kgs	^{#2} -aspirin-	/
In confidence		2. Dose/Frequency/Route used 3. Therapy da	ites (if unknown, give duration)
B. Adverse	event or product problem	#1 200 /q4-6 /Oral #1 01 /00 /0	To (or best estimate:
. 🗹 Adverse even	nt and/or Product problem (e.g., defects/malfunctions)	mig / nours /	001 - 01/29/2001
	uted to adverse event disability	#2 unkno / /Oral #2	
(check all that app	congenital anomaly	4. Diagnosis for use (separate indications with commas)	5. Event abated after use
death		#1 Headache	stopped or dose reduced
life-threatening	required intervention to prevent permanent impairment/damage	71	#1 yes no doesn
	n – initial or prolonged	#2	
nospitalization	1 - Initial of prototiged	6. Lot # (if known) 7. Exp. date (if known)	#2 yes no doesr
3. Date of	4. Date of	#1 #1	
	9/2001 this report 03/05/2001 (mm/dd/yyyy)	#1	8. Event reappeared after reintroduction
(mm/dd/yyyy) Describe event or		#2 #2	
	failure, gastrointestinal	O NDC # (for product problems only)	#1 yes no doesy !
bleeding	raffule, gastformetsermar	9. NDC # (for product problems only)	#2 yes no doesr t
preeding			<u> </u>
		10. Concomitant medical products and therapy dates (exclude treatment of event)
		D. Suspect medical device	
		1. Brand name	
		1. Statiu tailie	
		2. Type of device	
		2. 7,42 5. 55.	
		3. Manufacturer name & address	4. Operator of device
			hearth professions
			I == '
			lay user/patient
			other:
			5 Expiration date
		6	(min/dd/y;yyi
		model #	
6. Relevant tests/la	iboratory data, including dates	catalog #	7. It implanted, give da e
Creatinine	clearance < 10 ml/min	Catalog #	(minskid/yzyy)
	DEOCIVED!	serial #	
	RECEIVED		8. If explanted, give da
	1120	lot #	min/ddryyyy)
	MAR 0 6 2001	other#	;
	MAR U D ZUU!	9. Device available for evaluation? (Do not se	nd davice to EDA
•	TO THE OTHER	yes no returned to manufa	
	MEDWATCH CTU	yes 110 1etained to manda	(mmic-d/yyyy)
	MILDITITION	10. Concomitant medical products and therapy dates	(exclude freatment of event)
		1	
7. Other relevant hi	istory, including preexisting medical conditions.		
(e.g., allergies, race,	pregnancy, smoking and alcoholute fund thrend dysfunction, etc.)		
	MEU	E. Reporter (see confidentiality section	on on back)
	tan .	1 Name phone #	
	MYS U. F. YOU,		
	MAR O 6 2001	Pharm.D.	
	- 10 M - 2	Ave.	
	·=\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
		United States	
. سـ مر	170000	2. Health professional? 3. Occupation	4. Also reported to
cru	138777	yes no Pharmacist	manufacturer
	Mail to: MEDWATCH or FAX to:		1 =
	5600 Fishers Lane 1-800-FDA-0178	5. If you do not want your identity disclosed to	user facility
الساراكا	Rockville, MD 20852-9787	the manufacturer, place an "X" in this box.	distributor

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Individual Safety Report

UNTARY reporting professionals of adverse and product problems

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renn A	PPIPV	: U	MB 140	OMB	4181	Expire Mand	212	731/
Use Only								
			_	_				-

Triage unit	/	3	9	3	3	5	
	•						***************************************

A. Patient information	C. Suspect medication(s)	
Perient identifier 2. Age at time of event: 3 0 3. Sex 4. Weight	Name (give labeled strength & mfr/labeler, if known)	
//-X /07 3	1 na Dvic	
Data male	W2	
		= (if unknown, give duration)
B. Adverse event or product problem Adverse event and/or Product problem (e.g., delega/melfunctions)	#1 600 mg 10 #1 ?	(errangles)
2. Outcomes stributed to adverse event		
(check all that apply) disability	#2 #2	
death congenital anomaly		Event abeted after une stopped or dose red iced
(moday/yr) required intervention to prevent permanent impairmenVdamage	" PAIN	1 yes no disesn't
Totalization - Initial or prolonged Cother:	#2	- Nes Cuo Cabbly
	6. Let # (if known) 7. Exp. date (if known)	#2 yea no apply
3. Date of event event (-4-0) 4. Date of this report 3-15-0/ 5. Describe event or problem ADM, HeD TAME EXE C GI BICCD.	#1 #1	B. Event reappeared after
(mo/asylyr) (mo/asylyr)	#2 #2	reintroduction
as it's them en	9. NDC # (for product problems only)	#1yesnodpesn't
aun 1 Her	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	12 yes no doesn't
C GI BIECO	10. Concomitant medical products and therapy dates (ex	
		DIED HOLINON OF LIVER
	·	
	D. Suspect medical device	
	2. Type of device	
		Transaction and the first
	3. Manufacturer name & address	4. Operator of device
		health professional
•		i say user/patten
	RECEIVED	J. 3.1167.
•	112021720	
	6. MAR 1-6 700	5. Expiration date
	model #	(1.2.2.7)
6 Relevant tests/laboratory data, including dates	MEDWATCHCTU	7. If implanted, give date
6. Relevant merce/laboratory data, including dates DE ADVIL; Begin ye vacid gave 2 with 1260's	catalog # TYILD YYA O O O	(mo/daylyr)
DIC	serial #	
L'AC'S	lot #	8. If explanted, give date
an Zunt /	lot *	(wordeh/AL)
gu	other #	<u> </u>
	9. Device evaluable for evaluation? (Do not send	•
	yes no returned to menufactu	ITBY ON(mc/dey/yr)
	10. Concomitant medical products and therapy dates (ex	clude trealment of event)
7 Other relevant history, including pressisting medical conditions (e.g., allergies,		
race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)		
a hem w	E. Reporter (see confidentiality section	
4 / CM I I	Name, eddress & phone #	45.
NKA:		DSS
	Cante	V
MAR 1 6 2001	A CONTRACTOR OF THE PROPERTY O	MAR 1 6 2011
2001		
CT1/129335	2. Health professional? 3. Occupation	4. Also reported to
		manulacturer
Mell to: MEDWATCH OF FAX to: 5600 Fishers Lane 1-800-FDA-0178	- TES DO Pharmacast	user facility
Rockville, MD 20852-9787	5. If you do NOT want your identity disclosed to the manufacturer, place an "X" in this box.	distributor



YQLUNTARY reporting by health professionals of adverse events and product problems

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Miller Roll	_		

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Hardwaren a	140	922

THE PDA MEDICAL PRODUCTS ESPORTING PROCEAM Page	
atient information	C. S
1. >ont identifier 2. Age at time of event: 80 [famale	11 4
or or	LDS
In confidence of birth:	kgs 12 /
B. Adverse event or product problem	2 Dose,
1. Adverse event and/or Product problem (e.g., defects/malfunction	15)
2. Outcomes sturbured to adverse event	12
(check all that apply)	4. Diagr
death present intervention to prevent	100
Signification of initial or emigrated of others	102 +
Posoitalization – initial or prolonged other.	6. LOL#
3, Date of 3/14/2001 4, Date of this report 4/10/2001	#1
SHORTHAN (Market Mark)	12
S. Describe event or problem Pt taking Covernation at hime for	9. NDC
Pt taking Coumanin as Mids!	
atrial fibrillation and Ciduil	10. Con
a non in a morning.	Zestr
	-
care unit for a GI bleed.	
care unit for a of	
1 of the angles of the	D. S
	1. 5.4.10
3 days in the Icel, then transfers	ed 2. Type
3 days in the Ist Sda	3. Manur
to the floor. Pt Placed after Solar	P-
100	l i
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·	
	6. madel 4
Comment begin fighter were production dates	
6. Relevant tests/aboratory date, including dates 3/14 3/15(06) 3/15(11) 3/15 (20) 3/16(04) 3/16(12)	3/m
29.6)	B'O seulai
10HS 186 146 123 Wa 1716	0.9 lot #
3W 75 78 -= -52 -77	27 omer#
Ser 22.0 - 19.6 - 1-8 -	S. B. Davie
1-16 33	温 口,
K+ 3,7 - 3,1	4.0 10. Com
7. Other relevant history, including pressisting medical conditions (e.g., allergie	٥.
ROIL pregnancy, amoung and alcohol use, helpeut letter dystation	E P
NKA CA	1. Nám
Prostate CA Asthima	
A. fib APR 10 2004	
Radiation cystitis	7
Kechatiun Mai 113	.

Mail to: MEDWATCH

or FAX to: 1-800-FDA-0178

odet prooiena	(DES		1010
_ of	~ 04.1	·	·
	ct medication		
1. Name (give a	AVIO (Com	mader)
- Mari	- Can 10	(20) 2	7000ic (+)
2 Pase, frequen		3. Therapy de	tes (if unknown, give suration)
21	,	of A	(UNITALIS)
		OTA	
4. Diagnosis for	use (indication)	12 P/19	5. Event abated after use
" Otria	fibrillax	Sim	stopped or dose reduced
	10011109	1071	PT X yes ☐ no ☐ doesn't
6. LOL F (II KNOW) 7 Exp.	date (il kogwn)	#2 yes no doesn't
#1	₽1		8. Event reappeared after
12			reintroduction
	dua problems only)	· · · · · · · · · · · · · · · · · · ·	#1 yes ng Sdesn't
-	-		#2 yes no Xidoesn't
10. Concomitan	medical products an	a incrapy dates (eactude treatment of ivent)
Zestri/+C	oreg-solig	oren	
D Susag	ct medical des	tice	
1. Brand name	CE III COI COI		
2. Type of devic			
3. Manufacturer	name & address		4. Operator of levice health pollessional
			lay usar/catient
	DE0=:		other:
	RECEIV	/ED	
	4.55		5. Expiration cate
6.	APRILI	2001	(wo-calyor)
madel 4	IEDWATCH	I OTII	7. If implanted give date
catelog #IV	ILUVVAILE	1414	
serial #			_
lot #			8. If explanted, give date
other #		•	
	?noisuisve rai ela	' (Co not sen	d to FDA)
☐ yes		tumed to manufac	Magazi Na and
10. Concernitant	medical products and	s theracy gates (e	exclude freatment of wells.
E. Repart	er (see confiden	tiality section	r art back)
	Hospital F	harmany	
-			
2 Health profes	alonal? 1. Occupat	lon	1. Also recorted to

5. If you do NOT want your identity disclosed to



OLUNTARY reporting lth professionals of adverse its and product problems

Form Approved: OMB No. 0910-0291 Expires: 047: 0/ Sec OMB statement on revers FDA Use Only

Internet Submission - Page 1

Triage unit 14268

THE FDA MEDICAL PRODUCTS REPORTING PROGRAM

A. Patient in	nformation			C. Suspect me	dication(s)	
1. Patient identifier 7285		Years 3	Sex 4. Weight lbs	Name (Product Name 1buprofen	e) (Lab /200mg	eled Strength)	(Mfr/Labeler) /Unknown OTC
In confidence	Date of birth:		or 86 kgs	Prednisone #2	/ 5mg		<i></i>
	event or produ	ct problem		2. Dose/Frequency/Route			(if unknown, give duration)
1. Adverse even	nt and/or 🗌 Pr		g., defects/malfunctions)	#1 200mg /Unknow	/Oral	#1 03/10/20	To (cr best estimate) 01 - 04/11/2001
(check all that appl	ited to adverse event ly)	disability		#2 s /qD	Oral	#2 02/02/19	94 - 05/03/2001
death	•	ongenital a	nomaly	4. Diagnosis for use (sep			Event abated after use
life-threatening	(mm/dk/yyyy)		ervention to prevent mpairment/damage	#1 Hip Pain, self	-medicatin	-	stopped or dose reduced
1 =	- initial or prolonged	other:	mpairment carriage	#2 Asthma		;	#1 ☑ yes ☐ no ☐ doesr't
3. Date of	3	4. Date of		6. Lot # (if known)	•	date (if known;	#2 yes no doest 't
	1/2001		05/03/2001	#1	#1 ————		B. Event reappeared after reintroduction
5. Describe event or	•			#2	#2		#1 yes no adoesn't
	th GIB and er s. Also with		aracts,	9. NDC # (for product prob	olems only)	-	
	ociated with			10. Consomitant medical			apply
use.				10. Concomitant medical	products and	a therapy dates (ex	dude treatment of event)
				D. Suspect me	dical dev	ice	
		,	······································	Brand name			
Ì		į.		2. Type of device			
				3. Manufacturer name &	address		4. Operator of device
ļ		#/ /_v	3 7 Z0m				hea th professiona
				RE	CEIV	'ED	lay user/patient other:
				6. MA	Y 0 4 ?(301	5. Expiration date (minktdly yyy)
6.5.				model # AAETIA	MTCU	^TIT-	
	boratory data , including 4.2/107/22/31		CBC	catalog # IVIL D V V	AIUI	<u> </u>	7. If implanted, give date (modddyyy)
11.3/21.8/2	92 MCV 84.3			serial #			
				lot#			8. If explanted, give date
				other#			(пи-воскууу)
				9. Device available for ev	aluation?	(Do not send	device to FDA)
				yes no	ret	urned to manufactur	•
				10. Concomitant medical	products and	therapy dates (exc	
	story, including preexis		ditions ic/renal dysfunction, etc.)				
1. Asthma	2. R THA due	to AVN	3. Bilat.	E. Reporter (see	o confiden	tiality section	on back)
cataracts	4. HTN			1. Name		none #	on back)
			. ,	VA PSHCS, 1660 S.		n Way	
				Seattle	ī.	Nashington	98108
l		MAY	7 4 2001	United States		e	med.va.gov
<u>C1V19</u>	42688		2001	2. Health professional?	3. Occup Pharmacis		4. Also reported to
	Mail to: MEDWA	ners Lane	or FAX to: 1-800-FDA-0178	5. If you do not want your the manufacturer, place	r identity discl	losed to	user facility distributor
.,	KOCKVIIIE	, MD 20852-976	••				distributer

BOX 82

Individual Safety Report

VATCH

CTS REPORTING PROGRAM

Ifr report #	HQ5858136JAN2991
F Dist rego	

FDA Use Only

'oreign

study

iterature

consumer

health professional

user lacility

representative

company

distributor

other:

4. Initial reporter also

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sent report to FDA

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***3721030-9** PHILADELPHIA, PA 19101 Page I of A. Patient information C. Suspect medication(s) 1. Patient identifier 2. Age at time 3. Sex 4. Weight 1. Name (give labeled strength & mfr/labeler, 4 known) of event X female UNK *1 ADVIL (IBUPROFEN, Capsule, Liquid Filled) 15Yr bs cr Date of <gs Bith in confidence 2. Dose, frequency & route user. 3. Therapy dates (d unknown, give duration) B. Adverse event or product problem #12 liquigels as needed, Oral #1 Not specified Product problem (e.g., defects/matfunctions) # 2 # 2 2. Outcomes attributed to adverse event neck all that apply; disability congenital anomaly 4. Diagnosis for use (indication) 5. Event adated after use stopped or dose reduced ceath mo/day/y*) required intervention to prevent permanent impairment/damage * : Headache NOS life-threatening # 1 X yes no doesn't nospitalization-initial or prolonged other: # 2 recovered # 2 yes no doesn't 3. Date of event 4. Date of this report UNK 05/08/2001 6 Lot # (if known) 7 Expidate (if known) (mo/day/yr) (mo/day/yr) 8 Event reappeared after reinfroduction 5. Describe event or problem #: yes no X doesn't Information was received on 26-JAN-2001 from a # 2 **#2** Healthcare Professional concerning his white 15 year old daughter who had taken two ADVIL (IBUPROFEN) (Capsule, # 2 yes no doesn't 9. NDC # - for product problems only (if known) Liquid Filled) capsules (therapy dates unknown). The reporter stated his daughter has no history of 10. Concomitant medical products and therapy dates (exclude treatment of event) Gastrointestinal or rectal disorders and was not taking concomitant drug therapy. The daughter experienced red blood in her stool (Melena) on an unknown date. G. All manufacturers According to the reporter, while on vacation with his Contact office – name/address. 2. Phone number family in Pakistan, his daughter noted "fresh blood" in WHITEHALL-ROBINS 6109644680 her stool approximately one day after taking two 201 King of Prussia Sixth Floor Radnor, PA 19087-5114 liquidels for headache symptom relief. The reporter 3. Report source clarified "fresh blood" to mean "red colored blood, not (check all that apply) Jill Robinson black or brown colored blood.* He advised his daugher to discontinue using the product and no blood was noted in subsequent stools. The reporter stated his daughter had used ADVIL in the past for headache and pain relief with no event. Reporter noted that in general he encouraged his daughter to take ADVIL (IBUPROFEN) only X (cont'd) 4. Date received by manufacturer (mo/day/yr) (A)NDA 20-402 6. Relevant tests/laboratory data, including dates 01/26/2001 IND # None Provided. PLA # 6. If IND, protocol # pre-1938 X yes product 7. Type of report 8. Adverse event term(s) 5 day Melaena 7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.) 10-day X penodic LINK X initial fallow-up # 3. Mfr. report number HO6558130JAN2001 E. Initial reporter 1. Name & address Dr.

FDA Form 3500A (facsimile)

Submission of a report does not constitute an admission that medical personner, user facility, distributor, manufacturer or product caused or continuited to the event.

23

2. Health professiona?

yes

3. Occupation

Pediatrician





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TS REPORTING PROGRAM

Mtr report #	HQ655313JJAN2301
UF/Dist repor	· · · · · · · · · · · · · · · · · · ·

FDA Use Only

PHILADELPHIA, PA 19101

Page 2 of 2

Sox 5.) - Describe event or problem (Continuation)
with food and not ion an empty stomach. Reporter also stated he felt the blood may have been due to changes in diet while in Pakistan, but since another family member reported experiencing the same problem (the reporter's mother-in- law), he felt he should notify the manufacturer. Reporter was using sample packs while in Pakistan and did not return to the United States with any, nor did he recall the lot number associated with the samples.





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REPORTING PROGRAM

BOX 8299 PHILADELPHIA, PA 19101

			Page _ I of	2			FDA Use Only
A. Patient in	nformation			C. Suspect	medication	on(s)	
1 Patient dentitier	2 Age at time of event: or 49% x	3. Sex X ternale	4. Weight 104 bs	1. Name to ve abeled st #1 ADVIL (IBUP #2	ROFEN. Capsu	ile, ĺiquiá F	illed;
in confidence	Birth		≭gs			cent'd)	
Adverse Adverse extended in the control of	to adverse event	Product problem (e.g., de	efects/malfunctions)	2. Dose, frequency & row *16-7 liqui-ge daily as not	el caps	#1 UNK to (, funktown, give puration) 11/18/2001
death lite-threatening hospitalization-in [V] recovered	no/day/yr) littal or prolonged	disability congental anomaly required intervention permanent impairme other:	n to prevent enl/damage	4. Diagnosis for use (indi #1 Arthralgia, Arthralgia, #2	Neck pain.		vent abated after use ped or dose reduced yes no apoly TNK yes no coesnit
3. Date of event (mo/cay/yr)	1/15/2001 '	Date of this report (mo/cay/yr)	05/08/2001	6. Lot # (if known)	7 Expicate (if kr	nown)	L] L] apply
5. Describe event or pro- Information ha 49-year-old, w condurrent ill shoulder pain.	as been receive white, female o Inesses include . Concomitant	ed on 31-JAN-2001 consumer. The pat ed insomnia, neck therapy included	ient's pain, and PREMPRO	#13001667, 3001930 #2 9. NDC # - for product pr	# 1 # 2 roblems only (if know	reint # 1	ent reappeared after roduction yes no X coesn't apply yes no doesn't apply
		XYPROGESTERONE ACE LORIDE). Therapy		10. Concomitant medical		y dates rexclude treatm	ent of event)
		d Filled) for shou wn date and ceased		See following		···	
• •		wh date and ceased gimen included 6-7		G. All man		Silveri, Eliza Servicia,	2. Phone number
medication ind	cluded ADVIL ()	ed. Additional su IBUPROFEN) (Caplet 4 caplets by mouth), which	WHITEHALL-ROBI 201 King of Pr Sixth Floor	NS ussia		6109644680
10 years prior	r to switching	to Advil Liquid C	apsule.	Radnor, PA 190 Jill Robinson	87-5114		3. Report source. (check all that apply)
upper) starting that she had a 18-JAN-2001.	ng on 15-JAN-20 an ulcer (Gastr The physician g. At the time	mach pain (Abdomin 001. Her physicial rointestinal ulcer prescribed PRILOS e of the report the information has be d)	n stated NOS) on EC as the e patient	Date received by man	ufacturer 5.		study literature X consumer health professional
6. Relevant tests/lappral	tory data, including cates			(mo/day/yr)		(A)NDA 20-402	user facility
None Provided	_			6. If IND, protocol #	, c	PLA # ore=1938 yes OTC oroduct X yes	company representative distributor other:
(e.g., allergies, race, pre CONCURRENT CON		cohol usa, hepatic/renat dysfund	ction, efc.)	9. Mir. recort number HQ6838405FE	3. dic A	Adverse event termis; astrointestin bdominal pain	al ulser MCS
				E. Initial rep	orter		
	Sudmission: of a	report coes not constitute an ac	dmission ihat	1. Name & address Dr. 2. Health professional?	Ms . US		illai reporter also
A Form 3500A (facsimil	lei medical personni	report coes not constitute an at- rel, user facility, distributor, man- buted to the event.	unission mat ufacturer or product	ves 🔀 no	UNI		ent report to FDA yes no unk





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REPORTING PROGRAM

Approved by the FDA on 09/24/1999

Mfr report #	HQ6838405FBB2001			
UF/Dist report #				
	FDA Use On y			

PHILADEL COM, EN 19101

Page 2 of 2

Box 8.5 - Describe event or problem requested.	(Continuation)	
Box C - Suspect medication(s)	(Continuation)	
1. Name (give labeled strength & mf	r labeler, if known)	
# 1.2 ADVIL (IBUPROFEN, Caplet)		
2. Dose: frequency % route used		
= 1.2 2-4 caplets daily as needed	, Cral	
3. Therapy dates (if unknown, give o	furation)	
= 1.2 00/00/1991 to UNK		
6. let # (if known)		
7. Exp date (if known)		
Box C.10 - Concomitant medical produ	icts and therapy dates (exclude treatment	nt of event: (Continuation)
Therapy Name	Dose, frequency, & route used	Therapy Dates
DALMANE (FLUPAZEPAM HYDROCHLORIDE)	15 mg 1x per 1 Wk, Oral	unknown Continues
PREMPRO (CONJUGATED ESTROGENS/MEDROXYPROGESTERONE ACETATE)	*(0.625mg)* daily, Oral	00/00/1998 to Continues



nan Health Division

use by user-facilities, ors and manufacturers for NDATORY reporting

Page 1

50325904

Merck	Fac	CSIF	nie	of	FDA	Form	3500
Approx	/60	Þу	FD.	A	(10/2	(1/33)	

Mir report #	WAES 01050455
UF/Dist report #	
	FDA (Jse Only

NO ATTACHMENT		
A. Patient information	C. Suspect medication(s)	
Patient identifier Age at time of event: Sex 4. Weight	Name (give labeled strength & mir/labeler, if known)	
or 71 years X Female	#1 TAB VIOXX Unk	
Date of Unk	#2 TAB ADVIL Unk	
in confidence Birth: Male	(Continued on Additional Page	
B. Adverse event or product problem	2. Dose, frequency & route used 3. Therapy dates (from/to: (if unknown, give #1 Unk/Unk/PO #1 Unk - 10/24/00	guration)
1. X Adverse event - and / or Product problem (e.g., delects/marfunctions)	#1 Unk/Unk/PO #1 Unk - 10/24/00	_
2. Outcomes attributed to adverse event	#2 Unk/Unk/PO #2 Unk - 10/24/00	
(check all that apply) disability	4. Diagnosis for use (indication) 5.Event abate1 after use stoppe	d or dose
death congenital anomaly	#1 pain, osteoporosis reduced.	unk
X life-threatening required intervention to prevent permanent impairment/damage	#1 X	
$\overline{\mathrm{X}}$ hospitalization-initial or prolonged $\overline{\mathrm{X}}$ other: important medical	6. Lot # (if known) 7. Exp date (if known) #2 X	
3 Date of event (mo/day/yr) 10/24/00 4. Date of this report (mo/day/yr) 05/08/01	8. Event reappeared after reintro	od action unk
5. Describe event or problem Information has been received from a pharmacist	9. NDC # - for product problems only (if known)	\Box
concerning a 71 year old female with hypertension.	11-1][
congestive heart failure, renal insufficiency, decreased calcium, a seizure disorder and depression and a history		
of a cerebrovascular accident who was placed on therapy	10. Concomitant medical products and therapy cates (excluded treatment of event) HYDRODIURIL Unix -Unix	
with rofecoxib, tablet for the treatment of the pain of	HYDRODIURIL Unk -Unk TIAZAC Unk -Unk	
osteoporosis (dose and duration not reported). Concomitant therapy included alendronate sodium (MSD),	(Continued on Additional Page)	
tablet, for the treatment of osteoporosis (duration and	G. All manufacturers	
dose not reported); ibuprofen (ADVIL), tablet, (dose, duration and indication unknown) and clopidogrel	1. Contact office - name/address 2. Phone Numbe	-
bisulfate (PLAVIX), tablet, for the treatment of a cerebrovascular accident (dose and duration unknown).	1. Contact office - name/address (610)397-2	
Other concomitant therapy included diltiazem	Merck Human Health Division	
hydrochloride (TIAZAC), calcium (unspecified), lisinopril	Merck & Co., Inc.	oc Iv)
[TESTRIL], sertraline HCl (ZOLOFT), potassium [unspecified] and hydrochlorothiazide (manufacturer	P.O. Box 4	• ,,
unknown). On 24-OCT-2000 the patient developed a gastrointestinal bleed from "multiple meds" and was	West Point, PA 19486-0004	
hospitalized. The pharmacist noted that the suspected	literature	
therapies included rofecoxib, alendronate sodium (MSD),	ATTN: Worldwide Product Safety onsumer	
	→ Tv) health	
(Continued on Additional Page)	(A)NDA #21042	
6 Reevant tests/laboratory data, including dates	05/03/01 user facility	
Unknown	6. If IND, protocol # PLA #	v 3
	pre-1938 yes distributor	
CENT	7 Type of report OTC CT cther:	
£ " (\$)	5-day X 15-day product yes	
	10-day periodic 9. Mtr report number	
CENTER TOR DRU	X mital Follow-up# WAES 01(50455	
	8 Adverse event term(s) GASTROINTESTINAL BLEEDING	
	GASTROINTESTINAL BELEDING	
CESFARCH .		
* Other relevant history including preexisting medical conditions		
ie 3 , allergies race pregnancy, smolong and alcohol use, hepatic/renal dysfunction, etc.)		
MEDICAL HISTORY: cerebrovascular accident CONCURRENT CONDITIONS: congestive heart failure;	E. Initial reporter	
depression: hypertension; hypocalcemia; renal	1. Name, address & phone #	
insufficiency: seizure disorder	HOSPITAL STATE	
	DEPARTMENT OF PHARMACY	
	WLY 14 Miles	
Submission of a report does not constitute an admission that	2 Health professionar? 3 Occupation 4 Initial reporter ais: sent resort to FDA	,
medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event.		บกห

medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event.

B. Advers

5. Describe event or problem

ibuprofen (ADVIL) and clopidogrel bisulfate (PLAVIX), and of these rofecoxib was the most likely suspect and alendronate sodium (MSD) was a "remote possibility." The patient was admitted to the intensive care unit and these "drugs" were discontinued. The patient was treated with intravencus famotidine (MSD) and transfused with packed red blood cells. Subsequently, the patient recovered.

MFR Report #:

Gastrointestinal bleed was considered to be immediately life-threatening and an other important medical event. Additional information is not expected.

The pharmacist also reported the experiences of other patients while on therapy with refecoxio (WAES*'s 01020825, 01020826, 00022279, 00081100, 01050280).

C. Suspect medication(s)

- 1. Name (Given labeled strength & mfr/labeler, if known)
 - #3 TAB FOSAMAX Unk #4 TAB PLAVIX Unk
- 2. Dose, frequency & route used
 - #3 Unk/Unk/PO #4 Unk/Unk/PO
- 3. Therapy dates (from/to) (if unknown, give duration)

 - *3 Unk 10/24/00 *4 Unk 10/24/00
- 4. Diagnosis for use (indication)
 - #3 Unknown
 - Unknown
- 5. Event abated after use stopped or dose reduced

YES

N/A

- 6. Lot # (if known)
- 7. Exp date (if known)
- 8. Event reappeared after reintroduction

	YES	NO	N/A	UNK
#3			x	
# 4			x	

C. Suspect medication(s)

.1.

10. Concomitant medical products and therapy dates (exclude treatment of event)

ZESTRIL Unk - Unk

ZOLOFT Unk - Unk

calcium (unspecified) Unk - Unk

potassium (unspecified) Unk - Unk



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THE FDA MEDICAL PRODUCTS ASTORISMS

OLUNTARY reporting th professionals of adverse ts and product problems et Submission - Page 1

Form Approved: OMB No. 0910-0291 Expires: 04/30/03

FDA Use Only

Triage unit sequence # 145986

A. Patient in			C. Suspect m	edication(s)	
Patient identifier	of event: 79 Years	3. Sex 4. Weight 128 or	1. Name (Product Na ibuprofen -Advil-	ame) (Lab	eled Strength) 9	(Mfr/Labeler)
in confidence	Date of birth:	male	#2	/		7
B. Adverse	event or product proble	kgs	2. Dose/Frequency/Ro	ute used	3. Therapy dat	es (if unknown, give duration)
1. Adverse event		(e.g., defects/malfunctions)	#1 200 /Q6H	/Oral	l From	To (or best estimate)
(check all that apply	y) disability		#2	_/_	#2	-
death		at anomaly	4. Diagnosis for use (s	eparate indications	with commas)	5. Event abated after use
life-threatening	(mm/dd/yyyy) required	intervention to prevent nt impairment/damage	#1			stopped or dose reduced
hospitalization			#2			#1 yes no doesn't
3. Date of	4. Date of		6. Lot # (if known)	•	late (if known)	#2 yes no doesn't
event 04/07 (mm/dd/yyyy) 5. Describe event or	(mm/dd/yyyy)	06/21/2001	#1	#1 #2		Event reappeared after reintroduction
Patient was	admitted with hemate	mesis.				#1 yes no doesn't
dizziness, a	and weakness. She ha	d been	9. NDC # (for product pr	oblems only)		
taking ibupr	cofen 2 tablets every 2 2 months. On admis	6 hours	10. Concomitant modic	nl meash and	1	#2 yes no doesn't
was 6.8. She Patient under wall of the fundus, and	me recieved 2 units of erwent endoscopy that with a clot in the po- lesser curve, a clot a small ulcer in the	of PRBC. showed a sterior in the antrum.				
Prilosec, Bi	axin, Amoxicillin, a	nd	D. Suspect m	edical devi	ce	
treatment.	were started for ulc	er	1. Brand name			
creatment.			2. Type of device			
			3. Manufacturer name 8	address		4. Operator of device
						health professional lay user/patient other:
						5. Expiration date
			6.			(mm/dd/yyyy)
6 Relevant teste/laho	ratory data, including dates		model #	>EC-	H-/	
Hgb -on admi 74; RR 13 H	ssion- 6.8 BP 120/5 gb -after a total of	8; Pulse 4 units-	catalog #	RECE		7. If implanted, give date (mm/dd/yyy)
11.0 WBC 7,	300 Plts 115,000 I	NR 1.4	361141 W	JUN 2 5	2001	0. 15
H. pylori po	sitive		other#	DWATC	H CTU	8. If explanted, give date (mm/dd/yyy)
			9. Device available for e	valueton	(Do not send	device to FDA)
			yes n	· UDI	ed to manufactur	
			10. Concomitant medica	products and the	herapy dates (exc	dude treatment of event)
7. Other relevant histo	ory, including preexisting medical co	nditions	1	א פי אויטנ	2001	
e.g., allergies, race, pre	gnancy, smoking and alcohol use, hepa	tic/renal dysfunction, etc.)				
No past medic	cal history No alcoh	nol use,	E. Reporter (se	a confidenti	ality sastion	an brook)
NKDA Social	Meds on admission: il hx: death of husband	ouprofen	1. Name	phor		on back)
brother, ill	ness of son	i and		L		
		ĺ		Pharm D Cand		on Services,
	r i i i			_ =		
	JU4	an and the	United States 2. Health professional?	1 2 0		
		**************************************	∠. rieaith professional?	3. Occupa Pharmacist	tion	4. Also reported to
	Mail to: MEDWATCH	or FAX to:		_1	 	manufacturer
	5600 Fishers Lane Rockville, MD 20852-97	1-800-FDA-0178 87	5. If you do not want you the manufacturer, place	r identity disclos e an "X" in this i	sed to box.	user facility distributor
DA Form 3500						L

WYETH Individual Safety Report

MEDWATCH

PRODUCTS REPORTING PROGRAM

Mfr report #	HQ2376421JUN2001
UF/Dist report	#
	FDA Use Only

6109644680

foreign

consumer

health professional

user facility

representative

company

distributor

other

Approved by the FDA on 09/24/1999

ge 1 of 2 A. Patient information C. Suspect medication(s) Patient identifier 3. Sex 2. Age at time 4. Weight 1. Name (give labeled strength & mfr/labeler, if known) UNKNOWN UNK #1 ADVIL (IBUPROFEN, Tablet, 200 mg) 397female lbs Date of X male kas in confidence B. Adverse event or product problem 2. Dose, frequency & route used (contid) 3. Therapy dates (if unknown, give duration) *112 tablets daily (frequency unknown), 1. X Adverse event #1 unknown Product problem (e.g., defects/malfunctions) 2. Outcomes attributed to adverse event # 2 (check all that apply) disability congenital anomaly X oeatn 4. Diagnosis for use (indication) Event abated after use slopped or dose reduced (mo/day/yr) required intervention to prevent permanent impairment/damage life-threatening #1 Pain NOS X hospitalization-initial or prolonged # 1 yes no X doesn't apply # 2 yes no doesn't apply 3. Date of event UNK 4. Date of this report 06/26/2001 6. Lot # (if known) (mo/day/yr) (mo/day/yr) 7. Exp date (if known) # 1 5 Describe event or problem 8. Event reappeared after reintroduction Information was received on 20-JUN-2001 from a physician # 2 # 1 yes no X doesn't apply concerning a 39-year-old, male, patient. The patient's concurrent illnesses included chronic back pain. At the time of the adverse event it was reported by a family 9. NDC # - for product problems only (if known) # 2 yes no doesn't apply member that the patient had been a chronic alcohol drinker, and consumed 6 bottles of beer along with 6 10. Concomitant medical products and therapy dates (exclude treatment of event) bottles of wine coolers each evening. Therapy with See following Page. Advil (ibuprofen) (tablet) for pain began and ended at G. All manufacturers unknown dates. The dosage regimen was 12 tablets daily I. Contact office - name/address at an unknown frequency (overdose NOS), which the 2. Phone number WHITEHALL-ROBINS physician termed, "chronic Advil abuse". Concomitant 201 King of Prussia Sixth Floor Radnor, Pp 19087-5114 drug therapy included Pepcid (famotidine), Tums (calcium carbonate/magnesium carbonate/magnesium trisilicate), 3 Report source (check all that apply) and Aspirin (acetylsalicylic acid). At an unknown date Jill Robinson that patient was admitted to the emrgency room after JUN 2 7 experiencing abdominal pain (Abdominal pain NOS) and a "popping sensation" in the lower abdomen. The physician reported that the only significant clinical finding was gaurding in the right lower quadrant. Initial lab X (cont'd) 4. Date received by manufacturer (mo/day/yr) (A)NDA 18-989 6. Relevant tests/laboratory data, including dates 06/20/2001 IND # See following page. PLA # 6. If IND, protocol # pre-1938 yes OTC product X yes 7. Type of report 8. Adverse event term(s) 7. Other relevant history, including preexisting medical conditions 5-day X 15-day Overdose NOS (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.) Haematoma NOS Respirator University (2001 10-day periodic CONCURRENT CONDITIONS: Back pain; Alcoholism; Drug abuse X initial tollow-up # neonatal! Rectal bleeding 9. Mfr. report number Abdominal pain NOS HQ2376421JUN2001 Mouth haemorrhage (cont'd) E. Initial reporter 1. Name & address Road Suite JUN 2 8 2001

Submission of a report does not constitute an admission that medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event. JUN 2 6 2001 DATE SENT TO ED

2. Health professional? X yes no

3 Occupation UNK

Initial reporter also sent report to FDA yes no X unk

WYETH Individual Safety Report

MEDWATCH

RODUCTS REPORTING PROGRAM

2	of	2

Approved	hy the	EDA on	09/24/1999
Apploaca	Dy me	FUA OR	09/24/1999

Mir report # HQ2376421JUN2001	
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UF/Dist report #

FDA Use Only

Box B.5 - Describe event or problem (Continuation)

findings were WBC 16800 mm^3, Hgb 14.8 g/dL, and HCT 43.9%. An abdominal CT scan revealed right retroperitoneal phlegmon, which the radiologist stated could not be drained percutaneously. The patient was admitted and treated with IV fluids and broad spectrum antibiotics. The morning after the admission the patient went into respiratory arrest (respiratory arrest (exc neonatal)), and was intubated and transferred to an ICU. The patient had a nasogastric tube, foley catheter, and a triple lumen subclavian central catheter placed. The reporter stated, "The patient underwent an emergent exploratory laparotomy that day after stabilization. The operative finding was a right retroperitoneal hematoma (haematoma NOS), which extended from the duodenum to the pelvis. The retroperitoneal hematoma all negative. The patient was returned to the ICU where he developed progressive multisystem organ failure (multi-organ failure) including pulmonary, renal, and hepatic failure. He had diffuse bleeding from the mouth and anus (rectal bleeding) (mouth haemorrhage). The physician also reported that all of the patient's clotting parameters were prolonged with a D-isomer level of >4.0. The patient received many units of blood, platelets, and fresh frozen plasma. The physician reported that the patient also received dialysis and went on to receive nutritional support. The patient died as a result of the adverse event two weeks after admission to the hospital.

Box	B.6	-	Relevant	test/laboratory	data	including	dates
					auca,	THULLULAND	uales

ates

Test Name

Date

Result

Normal Range

(Continuation)

Computerised tomogram abnormal

right retroperitoneal phleamon

Haematocrit

43.9 %

Haemoglobin

14.8 g/dL

White blood cell count increased 16800 mm^3

Box C - Suspect medication(s)

(Continuation from Lines #1 and #2 on original page)

2. Dose, frequency, & route used

1.1 Oral

Box C.10 - Concomitant medical products and therapy dates (exclude treatment of event)

(Continuation)

Therapy Name

PEPCID (FAMOTIDINE)

<u>Dose, frequency, & route used</u> unknown dose daily, Oral

Therapy Dates

TUMS (CALCIUM CARBONATE/MAGNESIUM CARBONATE/MAGNESIUM TRISILICATE)

unknown dose daily, Oral

unknown

ASPIRIN (ACETYLSALICYLIC ACID)

unknown dose daily, Oral

unknown

Box G.8 - Adverse event term(s)

(Continuation)

Multi-organ failure

JUN 2 7 2001

DSS

JUN 2 8 2001



MEDWATCH

ge 1 of 1

PRODUCTS REPORTING PROGRAM

Approved	ΟV	the	FDA	on 09/24/1999	

Mfr report #	HQ9136631JUL2000
UF/Dist report	Ŧ

A. Patient information	C. Suspect medication(s)
Patient centifier 2. Age at time 3. Sex 4. Weight of event: X female 1.65 ibs	1. Name (give labeled strength & mlr/labeler, if know	vn)
or 53Yr X female 165 lbs	*1 ADVIL (IBUPROFEN, Tablet, t	Unspec)
in confidence Birth: male kgs		
B. Adverse event or product problem		Therapy dates (if unknown, give duration)
1. X Adverse event Product problem (e.g., defects/malfunctions)	*15 to 8 tablets daily, * Oral	1 07/00/1993 to 10/00/1993
Outcomes attributed to adverse event (check all that apply)	#2	2
disability death congenital anomaly	d Signature for the same for th	
(morday/yr) required intervention to prevent parmanent impairment/damage	4. Diagnosis for use (indication) # 1 Headache NOS	 Event apated after use stopped or dose reduced
X nospitalization-initial or prolonged other.	# 2	# 1 X yes no doesn't
X recovered		#2 yes no doesn't
3. Date of event (mo/day/yr) 10 / 00 / 1993 4. Date of this report (mo/day/yr) 07 / 16 / 2001	6. Lot # (if known) 7. Exp date (if known)	арріу
5. Describe event or problem	#1 #1	Event reappeared after reintroduction
Information has been received on 28-JUL-2000 concerning a 53 Yr old White female patient who had taken ADVIL	#2 #2	# 1 yes no K doesn't
(Tablet) for Headache NOS. Therapy began in JUL-1993 and		
ceased in OCT-1993. The dose regimen included: 6 to 8 tablets daily. Concomitant therapy was not reported.	9. NDC # - for product problems only (if known)	# 2 yes no desn't
The patient reported that her use of Advil resulted in	10. Concomitant medical products and therapy dates	(exclude treatment of event)
perforated ulcers (Gastric ulcer perforation) in DCT-1993. The patient was hospitalized for 3 days in	UNK	
intensive care. Condition required 2 sugeries. Patient	G. All manufacturers 1. Contact office - name/address	
has recovered.	WHITEHALL-ROBINS	2. Phone number 6109644580
	201 King of Prussia Sixth Floor Radnor, PA 19087-5114	3. Report source.
	Jill Robinson	(check all that apply)
		toreign
		study
		literature
		health
	Date received by manufacturer (mo/day/yr) (A)NDA	professional 18–989 user facility
6 Relevant tests/laboratory data, including dates None Provided	07/28/2000 IND #	, <u> </u>
11071464	6. If IND, protocol # PLA #	distributor
	pre-1930	8 yes other
	7. Type of report product	X yes
Other relevant history, including preexisting medical conditions		e event term(s)
(e.g., affergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)	10-day X periodic	ic ulcer perforation
UNK	X initial follow-up #	
	9. Mfr. report number HQ9196631JJJL2000	
	.1Q3 13 003 100 L2000	
	E. Initial reporter	
	1. Name & address	pnone #
	Ms .	
		JUL 1 7 2001
		JUL I I EUU!
Cubana	2. Health professionar? 3. Occupation	4 initial reporter also
Submission of a report does not constitute an admission that medical personnel, user faculty, distributor, manufacturer or product caused or contributed to the event.	yes X no	sent report to FDA
S. S	-	yes no K link

W BC PF

MFDWATCH

DUCTS REPORTING PROGRAM

Approved by i	ne FDA on 09/24/1999	
Mir report #	HQ9972420APR2001	
UF/Dist report	*	-
	FDA Use Only	٦

			or			L	FDA Use Only
A. Patient in	nformation			C. Suspect	medicatio	n(s)	
1 Patient Conflier	2. Age at time of event: or 42Yr	3. Sex X female	4. Weight UNK !bs	1. Name (give labeled si # 1 ADVIL (IBUP	trength & mfr/labeler, if	f known)	
n canfidence	Date of Birth:	male	kgs	# 2			
	event or produ	ct problem	l Vitalia	2. Dose, frequency & rou	ute used	3. Therapy da	ates (4 unknown, give duration)
1 X Adverse ev		fuct problem (e.g., de		*12 Tablet 1x Oral	per 1 Day.	#1 04/00	/2000 to 04/12/2001
		idet problem (e.g., de	recis/manunctions)	#2		# 2	
Cutcomes attributed (check all that apply)		disability				* '	
death		congenital anomaly		4. Diagnosis for use (ind	lication)	-1	5. Event abated after use
life-threatening (m	o/day/yr)	required intervention permanent impairme	to prevent ent/damage	#1 Back pain			stopped or dose reduced
X nospitalization-in	tial or prolonged	other:	_	# 2			# 1 X yes no apoly
3 recovered				11			#2 yes no doesn't
3. Date of event 0 (mo/day/yr)		of this report	07/16/2001	6. Lot # (if known)	7. Exp date (if kno	own)	apply
5. Describe event or pro		indicay, yii		# 1	#1	Ī	Event reappeared after reintroduction
	as received on 20-A			# 2	# 2		doesn't
1	white, female pations distory of a ruptur	-			"		#
melanoma. The	erapy with Advil (buprofen) (ta	blet) for	9. NDC # - for product p	roblems only (if known	1)	# 2 yes no doesn't apply
	in in APR-2000 and .1 12-APR-2001. Th			10. Concomitant medical	products and therapy	dates (exclude ::	reatment of event)
	th daily. On 12-A Muct in the morning	-		UNK			
f	ly drank a cup of			G. All man			
	ne would occasional			1. Contact office - name/ WHITEHALL-ROBI			2. Phone number 6109644680
	running for relief			201 King of Pr Sixth Floor	ussia		0109044980
	2001. It was unknant drug therapy.		tient was	Radnor, PA 190	87-5114		3. Report source.
experienced ga	stric ulcer perfor	ation (gastri		Jill Robinson			(cneck all that apoly)
	which began with v						study
	ea-like stools on ken to the emergen		The				literature
	gastric ulcer per						X consumer
located above	a blood vessel and	l was cauterize	ed. The				health
	(cont'd)			 Date received by man (mo/day/yr) 	1	AINDA 18-989	professional
6. Relevant tests/laborat	ory data, including dates			04/20/20		IND #	user facility company
None Provided	•			6. If IND, protocol #	——————————————————————————————————————	PLA #	representative
				G. W. M.D., protocos w	рп	e-1938 ye	es oistributor
						TC X ye	other:
				7. Type of report	<u> </u>		
7 Other relevant history	including preexisting medical co	onditions		5-day 15-d	Ja	Adverse eventier stric ulce	m(s) er perforation
	egnancy, smoking and alcohol us		tion, etc.)	10-day X peno			•
PAST CONDITION					w−up #		
Appendicitis p	erforated			A william			
			Ì	9. Mfr. report number			
				HQ9972420AP	R2001		
				E. Initial rep	orter		
				1. Name & address		pho	ne #
					Ms. <u>Roa</u> d		
					US		
						11	1 7 2001
						50	, , , , , , , , , , , , , , , , , , , ,
	Supmissional			2. Health professional?	3. Occupation	——	4. Initial reporter also
DA Form 3500A (facsimile	Submission of a report of medical personner. User caused or contributed to	facility, distributor, manu	mission that ifacturer or product	yes 🔣 no	UNK		sent report to FDA

TM	AVERGE LANGE REPORT
W 30	
P}	*3760471-0-00-02*

MFDWATCH

DUCTS REPORTING PROGRAM

Mir report #	HQ9972420APR2001
UF/Dist recon	1 #

2 of 2

ox 3.5 -	Describe	event	01	prob.	Te::		, con	C.IIGGC.	.OL. /						
patient	reported	that	she	had	lost 1/3	of he	r total	blood	volume.	The	patient	was	discharged	from	the
hospita	il in thre	e days	. wi	thout	sequela	e, and	had re	covered	d at the	time	of the	repor	rt.		

JUL 1 7 2001

MEDWATCH

Approved	by the	FDA on	09/24/199

WYETH	MEDWATCH	Approved by the FDA on 09/24/1999
INCIVICUAL Safety Report	RODUCTS REPORTING PROGRAM	Mfr report # HQ1081615FEB2000
		UF/Dist report #
1994 1891 1991 1991 1991 1991 1991 1991 1991 1991 1991 1991 1991 1991 1991 199 *3760817—3—00—01*	$\frac{1}{2}$ of $\frac{2}{2}$	FDA Use Only
A. Fauent information		

A. Pauent II	normation	า	•	C. Suspec	t medicatio	n/s)	
1. Patient denufier	2. Age at time of event: or 673	3. Sex	4. Weight UNK ths	Name (give labeled s	trength & mfr/labeler, if	known)	
035	Date of		ONK Ibs	*2 RECOMBINANT	PROFEN, Tablet		2 Posement
in confidence	Birth:	X male	kgs				
		roduct problem		2. Dose, frequency & roll #13 Tablet 1x		3. Therapy dates	(if unknown, give duration)
1 X Adverse ev		Product problem (e.g., d	lefects/maifunctions)] Oral		* 1 01/13/2	000 to 01/15/2000
Outcomes attributed to (check all that apply) death	o adverse event	disability congenital anomaly		I 	plant, Other	#2 05/24/1	999 to 05/24/1999
	ovday/yr)	required intervention permanent impairm	n to arevent	4. Diagnosis for use (ind	-	5. E sto	event abated after use pped or dose reduced
X hospitalization-init	tial or prolonged	other:	evarrage	11		#1	yes no X doesn't
X recovered				#2 Bone graft		# 2	yes no Jdoesn't
3. Date of event 01 (mo/day/yr)	./23/2000	Date of this report (mo/day/yr)	07/16/2001	6. Lot # (if known)	7. Exp date (if know		yesno _X doesn't
5. Describe event or prob				1 * 1	# 1	8. Er	vent reappeared after
30-JUN-2000 fro	om an invest	I-FEB-2000, 11-FEB-2 igator concerning a	67 vear	#2118028AA	# 2	#1	yes no X doesn't
old male partic	cipant in a	CR&D Study (RhBMP-2	: protocol·				
patient's concu	irrent illne	2; patient #035). Tess included dental	implants	9. NDC # - for product pr	roblems only (if known)	# 2	yes no X doesn'i
(Tooth disorde:	r NOS) place	d on 11-JAN-2000. ovided. Therapy wit	Additional	10. Concomitant medical See following	products and therapy d	ates (exclude :reatm	nent of event)
(ibuprofen)Tabl 13-JAN-2000 and	let for post	-operative analgesi	a began on	G. All man	-	· · · · · · · · · · · · · · · · · · ·	
regimen include	ed 3 tablets	every day at bedti	dose me. The	Contact office - name/s	adcress		2. Phone rumber
product was the	en withdrawn	. Additional suspe	ct.	WHITEHALL-ROBING OF Pro 201 King of Pro Sixth Floor	NS ussia		6109644680
protein-2 (RhBM	MP-2) implan	inant human bone mo t (patient received	1.5 mg/ml	Radnor, PA 190	87-5114		3. Report source.
rhBMP/ACS on 24	l-MAY-1999).	Concomitant medic	ations	Jill Robinson			(check all that apply)
W/ACETAMINOPHEN	I, MEPERIDIN	ETHASONE, HYDROCODO E HYDROCHLORIDE, ME	THOHEXTTAL.				study
NITROUS OXIDE,	PERIDEX, TE	TRACYCLINE, and XYL	OCATNE				literature
and went to the	the patient Emergency I	t experienced abdom Department. On 23-	inal pain				consumer
	(con		2000	Date received by manu	facturer 5.		X health professional
6. Relevant tests/laborator	ry data, including date	98		(mo/day/yr) 06/30/20	- I	IDA 18-989	user facility
See following	page.				PL) # A #	company representative
				6. If IND, protocol #	pre-	_	distributor
					OTC produ	uct 🔀 yes	other:
				7. Type of report		rerse event term(s)	
 Other relevant history, in (e.g., allergies, race, pregr 	notuding preexisting r	nedical conditions alcohol use, hepatic/renal dysfunct		5-day 15-da	Gast		il haemorrhage
CONCURRENT COND	ITIONS:	aconordse, nepatic/renar dystunct	tion, etc.)	10-day X period	ic NOS		
Tooth disorder !	NOS		1	initial X follow-	-up # 1		
			1	9. Mfr. report number			
				HQ1081615FEB	2000		
				E Initial			
				E. Initial repo	orter	p⊓one ≠	
						•	
				AV	e., Box # (US	. school d	of Dentistry
						שני	L 17722001
A Form 3500A (facsimile)		report does not constitute an aomel. user facility, distributor, manuf.		2. Health professional? X yes no	3. Occupation Dentist/Or		al reporter also
·	ransen or coutu	buted to the event.		<u> </u>	Surgeon		

WYETH IAMERICAL Safety Report

MEDWATCH

IODUCTS	REPORTING	PROGRAM

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	1704 001 1
Mfr report #	HQ1081515FEB2000

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Box 3.5 - Describe event or problem

(Continuation)

the patient was admitted to the hospital and diagnosed with gastrointestinal hemorrhage (Gastrointestinal haemorrhage NOS). Event was determined to be severe (grade 3) according to the toxicity scale provided by the protocol. The patient was discharged from the hospital to resume normal activities. Information received 30-JUN-2000 indicated the patient had a mild chronic gastritis verified by an antral biopsy on 1-FEB-2000. The small bowel, colon, and terminal ileum were all normal. On 1-FEB-2000 the haemoglobin level was 12 g/dL and the haematocrit level was 36%. The medical monitor and the investigator considered the events not related to rhBMP-2/ACS implant. Both the medical monitor and the patient's private physician consider gastrointestinal hemorrhage possibly related to Advil. The investigator felt the event was related to the irritation of the gastrointestinal tract caused by the combination of medications the patient was taking.

Box B.6 - Relevant test/laboratory data, including dates (Continuation) Test Name Date Result Normal Range Barium double contrast NOS 02/09/2000 Normal colon and terminal ileum. Biopsy NOS 02/01/2000 Antral biopsy: mild chronic dastritis. No Helicobacter organisms identified on the "H&E" or special stained sections examined. Haematocrit 02/01/2000 37.0 - 49.0Haemoglobin 02/01/2000 12 g/dL 13.3 - 16.7X-ray with contrast upper gastrointestinal tract Small bowel series was normal. 02/11/2000

Box C - Suspect medication(s)

(Continuation from Lines #1 and #2 on original page)

- 1. Name (give labeled strength & mfr/labeler, if known)
 - 2.1 (RHBMP-2) (RECOMBINANT HUMAN BONE MORPHOGENETIC PROTEIN-2 (RHBMP-2), Implant)

Box C.10 - Concomitant medical and			
Therapy Name	ucts and therapy dates (exclude treatm Dose, frequency, & route used		(Continuation)
CEPHALEXIN (CEFALEXIN)		<u>The</u>	erapy Dates
	500 mg 4x per 1 Day, Oral	01/	/11/2000 to 01/23/2000
PERIDEX (CHLORHEXIDINE GLUCONATE)	1 oz 2x per 1 Day, Oral	01/	/12/2000 to 01/21/2000
HYDROCODONE W/ACETAMINOPHEN (HYDROCODONE BITARTRATE/PARACETAMOL)	0.5 Tablet 2x per 1 Day, Oral		/11/2000 to 01/12/2000
TEMPACYCL TAIR (DODG)			
TETRACYCLINE (TETRACYCLINE)	500 mg 2x per 1 Day, Oral	10/	23/1999 to 12/24/1999
TETRACYCLINE (TETRACYCLINE)	500 mg 3x per 1 Day, Oral		01/2000 to 01/02/2000
TETRACYCLINE (TETRACYCLINE)	500 mg 2x per 1 Day, Oral		
NITROUS OXIDE (NITROUS OXIDE)	60%, Inhalation		03/2000 to 01/04/2000
MEPERIDINE HYDROCHLORIDE		01/	11/2000 to 01/11/2000
(PETHIDINE HYDROCHLORIDE)	50 mg lx per 1 Day, Intravenous	01/	11/2000 to 01/11/2000
METHOHEXITAL (METHOHEXITAL)	30 mg 1x per 1 Day, Intravenous		
METHOHEXITAL (METHOHEXITAL)		01/1	11/2000 to 01/11/2000
DEXAMETHASONE (DEXAMETHASONE)	<i>:</i>	¥' _{\$\$} . 01/1	11/2000 to 01/11/2000
	8 mg lx per 1 Day. Intravenous	0./3	11/2000 to 01/11/2000
XYLOCAINE #1 (LIDOCAINE)	6 doses, Subcutaneous		11/2000 50 01/11/2000

JUL 1 7 2001



PHILADELPHIA, PA 19101

EDWATCH

RODUCTS REPORTING PROGRAM

Mir report #	HQ1183022MAY2001
UF/Dist repor	1#

THILAUELPHIA, PA	4 19101			Page!	of 3				FDA Use Only
A. Patient in	formation		<u></u>		\overline{C}	Suspect	medidati	on(s)	
Patient identifier	2. Age at time		3. Sex	4. Weight			ength & mfr/labeler,		
	of event:	r	X female	84 ibs	#1 A	DVIL (IBUPI	edata βedata	₹00x1 00 mg)
	Date of			or	#2				
in confidence	Birth:		male	kgs	11		CDR/CI	DER	
B. Adverse	event or n	rodu	ct problei			e, frequency & rou			dates (if unknown, give duration)
				, defects/malfunctions)		Tablet 1x	per 1 Day,	#1 11/2	1/1999 to 04/28/2001
1. X Adverse ev			uct problem (e.g.	, ocreois manaronaria				# 2	
Outcomes attributed (check all that apply)		_	disability]	
death _		<u> </u>	congenital anon	naly	4. Diag	nosis for use (Indi	cation)		5. Event abated after use
	no/day/yr)	<u> </u>	required interver	ntion to prevent	#1 A	rthritis N	os		stopped or dose reduced doesn't
X hospitalization-in	nitial or prolonged	_		an in the contract of the cont	# 2				# 1 yes no X apply
recovered		L	other:		**				#2 yes no doesn't
3. Date of event 1	2/21/1999	4. Date	of this report	08/08/2001	= _{6.10}	# (if known)	7. Exp date (if k	nown)	apply apply
(mo/day/yr)	<u>.</u>	(r	no/day/yr)	0070072001	# 1	# (K.101111)	#1	,	8. Event reappeared after
 Describe event or pro- Upon subsequer 		. follo	owing fields	have been			1		reintroduction
modified: ever	nt review the nt details an	d nari	rative. Fol:	low up	# 2		# 2		# 1 yes no X apply
information wa	as received o	n 25-d	JUN-2001 fro	om a	1	2.4 for and of n	roblems only (if kno	wn)	# 2 yes no doesn't
healthcare pro	ofessional up	datin	g the patier	nt's course.	9. NO	> # = for product p	routerns only (ii kno	wii)	apply
Initial information 80-year old for	mation was re	ceive	1 on 21-MAY. • natient's	-2001 from an	10. Co	ncomitant medica	products and there	py dates (exclude	e treatment of event)
illnesses ane	mia since 199	98, and	d hypertens:	ion with a	See	following	Page.		
past history	of toe surger	y sub:	sequent to	a foot	G.	All man	ufacturer	S	
fracture. The	erapy with Ad	lvil (ibuprofen)(tablet) for	1. Con	tact office - name	/address		2. Phone number
arthritis NOS 28-APR-2001(d	began on 21-	-NOV-1:	ion) The	ea on dose regimen	WHI	rehall-ROBI King of Pr	NS Ussia		6109644680
was one table	t by mouth or	ice da	ily. Concor	mitant therapy	LISIX	h Floor nor, PA 190			3. Report source.
included Vita	min e (tocoph	nerol)	,Centrum		4.1	L Robinson	3221		(check all that apply)
(multivitamin	/multimineral	l), an	d Monopril	(fosinopril					foreign
sodium). The experiencing	patient was	admit de (1	melaena) fo	hospital after llowed by					study
episodes of h	ematemesis (1	naemat	emesis) and	subsequent	- 11				literature
light headedn	ess (dizzines	ss exc	vertigo).	The patient					consumer
also complain		ss (we nt'd)	akness), fa	tigue	4. Da	te received by mai	nutacturer	5.	X health professional
	(60)	111.07				lay/yr)		(A)NDA 1) 18-	-989 user facility
6. Relevant tests/labor	atory data, including d	ates				08/02/2	001	IND #	company representative
See followin	g page.				6. If U	iD, protocol #		PLA #	distributor
					11			pre-1938	yes other:
								OTC product X	yes
					/. ly	pe of report	}	8. Adverse event	term(s)
7. Other relevant histo	no including propriets	n medical	conditions		-	5-day X 15-	day	Gastric ul	
(e.g., allergies, race, p	pregnancy, smoking an	nd alcohol	use, hepatic/renal d	ysfunction, etc.)		10-day per	indir 1	Fatigue	nss
CONCURRENT CO	ONDITIONS:					initial X follo		Drug malad Haematemes	300
Anaemia NOS;	Hypertension	NOS						Melaena	ANC 1 U SOCI
PAST CONDITION	ons:				9. Mfa	report number	1	Weakness	MO I II Co.
Operation NOS		ure				HQ1183022M	AY2001	Dizziness	(exc vertigo) (cont'd)
_									(conc-a)
						Initial re	porter		
					1. Na	me & address	, Dr		phone #
							, Dr.		
							US US		
AUG O	8 2001							AUG 0 9	2001
							i i	ע מיטא	LUU1
DAILSE	NT TO FDA								
		-d	4 dags not account .	on adminsion that	2. He	alth professional?	3. Occupation		4. Initial reporter also
FDA Form 3500A (facsir	medical per	rsannel, us	rt does not constitute ser facility, distributo I to the event	r, manufacturer or product	X	yes no	Phys	ician	sent report to FDA yes no x unk



MEDWATCH

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Mir report #	HQ1183022MAY2001		
UF/Dist repor	t#		
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Box B.5 - Describe event or problem

(Continuation)

(fatigue), and lightheadedness over the day or two proceeding the hospital admission. On admission, the patient was found to be anemic (anaemia NOS) with normocytic indices. The patient's subsequent esophagogastroduodenoscopy revealed a 1 cm ulcer in the lesser curvature of the stomach body (gastric ulcer), as well as erosive gastritis (gastric erosions) and mild duodenitis (duodenitis) within the stomach bulb. The patient, who experienced no weight loss according to the physician, was found to have prerenal azotemia (acute pre-renal failure). The physician attributed the elevation in blood urea nitrogen secondary to the gastrointestinal bleed. The patient's laboratory tests consisted of the following; a white blood cell count of 7900 cells, hemoglobin of 6.1g/dL, hematocrit of 18.6%, platelets of 257,000, an Mean cell volume of 96 fl, a Red blood cell distribution width of 14.3, a BUN of 79 g/day, a blood creatinine of 1.2 g/dL, an International normalized ratio of 1.2, a prothrombin time of 26 seconds, a body temperature of 99.7 deg.F, a heart rate of 82 beats per minute, and respiratory rate of 20 breaths per minute, a blood pressure of 141/50 mmHg, and a weight loss from 110 pounds to 84 pounds according to the patient. The patient's adverse event improved when the drug was discontinued. Also, the patient has not recovered from her symptoms.

Box B.6 - Relevant to	est/laboratory data, including dates	(Continuation)	
Test Name Date	Result	Normal Range	
Biopsy bone marrow	"ruled out malignancy"	-	
Blood creatinine	1.2 g/dL	-	
Blood pressure	141/.50 mmHa	-	
Blood urea	79 g/d	-	
Body temperature	99.7 deg. F.	-	
Endoscopy NOS	revealed 1 cm ulcer in the lesser curvature of the body of the stomach. There was a visible vessel in the nearby mucosa. There was also erosive gastritis and mild duodenitis	-	
Haematocrit	'found to be anemic with normocytic indices'	-	
Haemoglobin	6.1 g/dL	-	
Heart rate	*82 *	-	
International non	nalised ratio 1.2	-	
Mean cell volume	*96*	-	DSS
Platelet count	257,000 cells	-	AUG 1 0 2001
Prothrombin time	26 seconds	-	1
Respiratory rate	*20 "		te d
Weight	lost weight (from 110 pounds to 84 pounds)	-	
White blood cell	count 7900 cells/uL	-	AUG 0 9 2001



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. PRODUCTS REPORTING PROGRAM

Approved by	me FDA on 09/24/1999
Mir report #	HQ1183022MAY2001
UF/Dist repor	#
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Box C.10 - Concomitant medical products and therapy dates (exclude treatment of event)

(Continuation)

Therapy Name

Anaemia NOS Gastric erosions Duodenitis

Dose, frequency, & route used

Therapy Dates

VITAMIN E (TOCOPHEROL)

400 IU 1x per 1 Day, Oral

12/00/2000 to Continues

CENTRUM (MULTIVITAMIN/MULTIMINERAL) 1 Tablet 1x per 1 Day, Oral

00/00/1999 to Continues

MONOPRIL (FOSINOPRIL SODIUM)

unknown, Oral

unknown

Box G.8 - Adverse event term(s)

Acute pre-renal failure

(Continuation)

AUG 1 0 2001

AUG 0 9 2001



Form Approved: ON B No. 0910-0291 Expires:12/31/9 See OMB statement on revers

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DLUNTARY reporting
th professionals of adverse
s and product problems

Page of Control of Control

Page of Control of Control

Page of Control of Control

Triage unit 148920

A. Patient information	C. Suspect medication(s)
1 Patient identifier 2. Age at time 3. Sex 4. Weight of event:	Name (give labeled strength & mfr/labeler, if known)
N-43 or X temale 153 ibs	#1 Havil
In confidence of birth: male kgs	#2
B. Adverse event or product problem	2 Dose, frequency & route used 3 Therapy dates (if unknown, give duration)
1. Adverse event and/or Product problem (e.g., defects/malfunctions)	#1/2 tabs/day PD #1 PTA
Outcomes attributed to adverse event (check all that apply) disability	#2 #2
death congenital anomaly	Diagnosis for use (indication) Event abated after use
Indicate Indicate	stopped or dose reduced
hospitalization – initial or prolonged other:	#2 #1 Syes no doesn
3 Date of 1 4 Date of 1	6 Lot # (if known) 7. Exp. date (if known) #2 Jyes no doesn't
event 1/25/2001 this report 8/8/2001 5. Describe event or problem	#1 unknown #1 unknown 8 Event reappeared after reintroduction
	#2 #2 #2 #1] yes no doesn't paply
The patient was admitted to the	#2 Jyes no doesn't
hospital because at a	10. Concomitant medical products and therapy dates (exclude treatment of event)
dupodenal ulcer secondary	Taxol Tamoriten
dagaara aratis afaana	
to non-steroidal anti-inflamma	<u></u>
drugs. The pt. had a rebleed	D. Suspect medical device
	1. Brand name
4 days after and required a	2. Type of device
repeat endoscopy. The pt.	3. Manufacturer name & address 4. Operator of device
did stop bleeding	health professional
0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0	lay user/patient
14. was put on trevacio sumple of	RECEIVED Other:
upon ER admission pt. had	NLOLI V
H. was put on frevacid 30mg PoBI upon ER admission pt. had black/maroon colored stools.	6. AUG 1 4 2001 5 Expiration date
	model#
6. Relevant tests/laboratory data, including dates	model # catalog # MEDWATCH CTU 7. If implanted, give date
4/25/01 · RBC = 3.77, HGB = 10.1, HCT = 30.5	serial #
5/10/01:RBC=4.05, HGB=11.5, HCT=33.9	lot # 8. If explanted, give date
	other #
	Device available for evaluation? (Do not send to FDA)
	yes no returned to manufadury or
	10. Concomitant medical products and therapy dates (exclude treatment of event)
 Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.) 	Aug Co
Advanced non-small cell lung CA	E. Reporter (see confidentiality section on back)
Or and all and a harm	1. Name, address & phope #
ft. on radiation + chemo	Huspital
Stage I Breast CA Thyroid Goiter	///-
Thyroid Goiter	
CTV148920	2. Health professional? 3. Occupation 4. A so reported to
Mail to: MEDWATCH or FAX to:	X yes no Pharmacist = manufacturer
5600 Fishers Lane 1-800-FDA-0178 Rockville, MD 20852-9787	5. If you do NOT want your identity disclosed to
	the manufacturer, place an " X " in this box.



VOLUNTARY reporting

Form Approved: OM3 No. 0910-0291 Express 12/31/94 See OM8 statement on reverse

FDA Use Only

NEW 1811 NAMEN WITHIN AND DATA PARTY NAMEN PARTY NAMEN AND DATA PARTY NAMEN PARTY	vents and produ		Triage unit	49152
THE FDA MEDICAL PRODUCTS REPORTING PROGRAM	Page of	C_{i}	DEN	ITH-FAX
A. Patient information 1. Patient identifier 2. Age at time of event: or	4. Weight 1	Dose, frequency & route	th & mfr/labeler, if known)	ites (if o iknown, gize duration)
death	prevent # damage #	2 Lot # (if known)	7. Exp. date (if known)	5. Event abated after use stopped or dose reduced #1 ves no doesn't #2 yes no doesn't apply 8. Event reappeared after
5. Describe event or problem Death due to complica From GI Bleed & Severe	smon I L	NDC # (for product problen Concomitant medical pr	oducte and therapy dates (reintroduction #1 yes no duesn't #2 ves no doesn't
	1.	D. Suspect medi Brand name Type of device	cal device	
	3.		CEIVED G 1 6 2001	4 Operator of device health professional lay twen/patient other
6. Relevant tests/laboratory data, including dates	ca se	odel # MEDW	ATCH CTU	5. Expiration date 1 the day of: 7. If implanted, give date 1 the day of: 8. If explanted, give date 1 the day of: 8. If explanted, give date
	J 1	Device available for evalu	uation? (Do not ser	nd to FD4)

7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)



Mail to: MEDWATCH 5600 Fishers Lane Rockville, MD 20852-9787

or FAX to:

1-800-FDA-0178

Concomitant medical products and therapy dates (exclude treatment of event).

Ginnegio 2904 acturer or

tandatey (1)

on [

Individual Safety Report

DLUNTARY reporting th professionals of adverse and product problems

Form Approved: OMB N	a. 0910-0291 Expires: 12/31/94
	See OMB statement on reverse

FDA Use Only Triage unit 140140

*3778431-2-00-01 *	ind product problems
A. Patient information Patient identifier 2. Age at time of event: or pate of bate 3. Sex or pate of control or pate or pate of control or pate or pa	C. Suspect medication(s)
In confidence of birth: male B. Adverse event or product problem Adverse event and/or Product problem (e.g., defects/malfunction)	2. Dose, frequency & route used 3. Therapy dates (if unknown, give duration) forms (or sest estable) #1 #1
Couldomes attributed to adverse event (check all that apply) death death improved by the congenital anomaly required intervention to prevent permanent impairment/damage hospitalization – initial or prolonged Date of event (madayyr) Describe event or problem Couldomes attributed to adverse event disability disability required intervention to prevent permanent impairment/damage A Date of this report (madayyr) Describe event or problem	#2 4. Diagnosis for use (indication) #1 #2 6. Lot # (if known) #1 #1 #1 #1 #1 #1 #2 8. Event abated after use stopped or dose reduced #1
	D. Suspect medical device 1 Brand name 2. Type of device 3. Manufacturer name & address 4. Operator of device [] health professional [] lay user/patient
	RECEIVED AUG 1 6 2001 5 Expiration date
Relevant tests/laboratory data, including dates	model # MEDWATCH CTU catalog # // If implanted, give date fr exchayer lot #
	other # 9. Device available for evaluation? (Do not send to FDA yes no returned to manufacturer on office and the rapy days are treatment of eyent.)
7. Other relevant history, including preexisting medical conditions (e.g., allergi race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)	E. Reporter (see confidentiality section on back) Ph.D., FASCP, R.Ph. Director of Pharmacy Services RO, BGR: Memorial Hospital
Mail to: MEDWATCH OF FAX to:	2. Health professional? 3. Occupation 4. Also reported to manufacture:
5600 Fishers Lane 1-800-FDA-0178 Rockville, MD 20852-9787	5. If you do NOT want your identity disclosed to user facility

If you do NOT want your identity disclosed to the manufacturer, place an "X" in this box.

distributor



For VOLUNTARY reporting realth professionals of adverse vents and product problems

FDA Use Only

Triage unit sequence # 152872 -

*3803406-4-00-01≠	of	
At Patient information	C_ Suspect medication(s);	
1 Patient identifier 2. Age at time of event: 5 3. Sex 4. Weight		1)
or female!	bs V/OXX	,
In confidence of birth:	as 1 =2 Thurstofen (OTC) as	od ASDILIA
B. Adverse event or product problem.	2. Dose, frequency & route used 3. Therapy	dates (if unknown, give duration
Adverse event and/or Product problem (e.g., defects/malfunctions)		OAI/S
2. Outcomes attributed to adverse event	1 1000 0-12	773
(check all that apply)	1 <u> </u>	5. Event abated after use
required intervention to prevent	4. Diagnosus for use (introcatings)	stopped or dose reduc
hospitalization – initial or prolonged other:	12 OSTEOARTHRITIS PAIN!	/ #1 □yes □ no □ dce
		#2 yes no doe
3. Date of event 7/3/0/ 4. Date of this report 8/0	6. Lot # (if known) 7. Exp. date (if known) #1	8. Event reappeared after
modayiri / J () (modayiri)	#2 #2	reintroduction
H/O 20AYS NV ep gastric pain (he mute mesis)		#1 yes no does
All Zonys WV Epigania pality	9. NDC # (for product problems only)	#2 yes no dees
/ Me Mute mesis)	10. Concomitant medical products and therapy dates	
TX & Sandostatin 50 mg bolus, followed by sorthe.		
Composition of the		
tollower by within	ST. CT.	
Ranctidine 50mg IV gh	D. Suspect medical device:	The thirty that
	. State Halle	
Lansoprogele. FFP Jumbo.	2. Type of device	
	3. Manufacturer name & address	4. Operator of device
FFP Jumboi	11	health professiona
J ,	RECEN	lay user/patient
	RECEIVED	other:
	06/ 02 200.	
	6. MEDIMA = -	5. Expiration date (moreavyr)
	6. MEDWATCH CTU	
Relevant tests/laboratory data, including dates	catalog #	7. If implanted, give date (mo/day/y/)
	lot#	8. If explanted, give date
		(Mo/day/yr)
	other # 9. Device available for evaluation? (Do not sent	nto EDA)
	yes no returned to manufact	
	10. Concomitant medical products and therapy dates les	xclude treatment of event)
Other relevant history, including preexisting medical conditions (e.g., allergies.		
race, pregnancy, smoking and alcohol use, hepatic/renail dysfunction, etc.)	OCT	
CtoH use H. pylori +	EReporter (see confidentiality/section	mmhack) Biologia (in the said
	1. Name, address & phone #	on back)
H: Pylori +		
1) '	The state of the s	
CTV152872	2. /Heajth professional? 3. Occupation	4. Also reported to
The March 18 Mills	1/A yes - no 1 PS/	manufacturer
	<u> </u>	



THE FDA MEDICAL PRODUCTS REPORTING PROGRAM

For use by user-facilities, istributors and manufacturers for MANDATORY reporting Pharmacia & Upjohn, Inc.

Mr report #

2001078518US

Fielsys International, Inc. FDA Facsimile Approval: 30-JUN-1999

FEIA Use Only

Page 1 of 2

P	age 1 of 2	CDH/	EDE E	FEIA Use Only
	C. Suspect medication(s			
4. Weight	Name (give labeled strengt)	h & mfr/labeler, if know	n)	
UNK_lbs	# 1. NUPRIN(IBUPROFE	EN) (continued).		
or UNK_kgs	# 2.			
	2. Dose, frequency & route us		apy dates (if unknown, gi	ive duration)
	# 1. 600 mg, qd, UNK	# 1. U		
cts/malfunctions)	# 2.	# 2.		
	4. Diagnosis for use (indication		5. Event abated after u	
	# 1. Pain NOS		# 1. yes 10	doesn'i
	# 2.	xp. date (if known)		UNK
to prevent nt/damage		UNK	# 2. yes 10	doesn't apply
ignificant	#1. UNK #1. #2. #2.		8. Event reappeared a	fter
	9. NDC # - for product probler		# 1. yes 10	dicesn't apply
07/2001			# 2. 7 yes 70	UNK doesn't
				☐ al>ply
	10. Concomitant medical produ	acts and inerapy dates	(exclude freatment of evi	ent)
obstruction				
obstr uction				
	G. All Manufacturers			,
	1.Contact office - name/addres	ss (& mfring site for dev	vices) 2. Phone	number
	Pharmacia Donald M. Demke, M.D.		(616)833-8777
/daily) for at	Safety Officer		3. Report	source
itis. He	7031-248-USPV 7000 Portage Road		(check all	that apply)
leeding and mol/L.	Kalamazoo, MI 49001	UNITED STATES	orei;	
erformed, which			study	1
cm long area of			liveral	ì
l after the first	Date received by manufacturer	5.	healti	
	(moidey/yr)	(A)NDA # 19012	x prole	ssional
	10/29/2001 6. If IND, protocol #	IND#	1 -	facility
	-	PLA#	Comp repre	sentative
	7. Type of report	pre-1938 y	1	
e distinct	(check all that apply)	OTC product y	es Cthe	r:
distal ileum	☐ 5-day 😧 15-day	8. Adverse event te	L	
	10-day periodic	1	1elaena, Small intestir	nal obstruction
	x initial follow-up #	NOS		
	9. Mfr. report number 2001078518US			
allergies, , etc.)	200107851803			
,,	E. Initial reporter			
	1. Name & address	phone #	UNK	
		- ! !		,
	UN	University ITED STATES	DS	3
	,		. 00}	
n admission that	2. Health professional ? 3.	. Occupation	NA Vitia repar	.2001
nanufacturer or		other health profes	sional sent report	
	x yes ☐ no		yes [no [x] unk

A. Patient inform	nation						
Patient identifier UNK	of event:	52	years	3. Sex	4. Weight _UNKlbs		
	Date	IJ	NK	x male	or UNK kas		
in confidence	of birth:						
B. Adverse even					1 11		
1. X Adverse even			roduct problem	(e.g., detects	/mairunctions)		
2. Outcomes attribu (check all that a		ent	disability				
death			ongenita	I anomaly			
life-threatenin	(molasyty)			ntervention to			
hospitalization	- initial or prolon	ged		dically Sign			
3. Date of event	UNK		4. Date of this report	11/07	7/2001		
Anemia[Anaen Melaena[Melae	5. Describe event or problem Anemia[Anaemia NOS] Melaena[Melaena] Small bowel diaphragms and strictures[Small intestinal obstruction NOS]						
Case Description Spontaneous lit							
A 52-year-old male patient received ibuprofen (600 mg/daily) for at least 15 years to control pain associated with osteoarthritis. He developed melaena, recurrent obscure gastrointestinal bleeding and iron-deficiency anemia. His hemoglobin declined to 1.5 mmol/L. Intraoperative enteroscopy to the terminal ileum was performed, which showed three distinct diaphragm-like strictures in a 34 cm long area of the dismal ileum. Ibuprofen treatment was discontinued after the first episode of melaena. The patient denied any current use continued in additional info section							
6. Relevant tests/laboratory data, including dates Hemoglobin: 1.5 mmol/L Intraoperative enteroscopy to the terminal ileum: three distinct diaphragm-like strictures in a 34 cm long area of the distal ileum							
7. Other relevant history, including preexisting medical conditions (e.g. allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.) NI							

Submission of a report does not constitute ar medical personnel, user facility, distributor, m product caused or contributed to the event.

U.S. DEPARTMENT OF HEA TH AND HUMAN SERVICES Public Health Service - Good and Drug Administration

2001078518US

UF/Dist, report #

FDA Use Only

Page 2 of 2

ission of a report does not constitute mission that medical personnel, user

, distributor, manufacturer or product jused or contributed to the event.

Additional Information

B5. EVENT DESCRIPTION (cont.)

of NSAID.

The events are considered serious as medically significant. After 6 months the patient presented for a follow up and no further bleeding had occurred.

Case Comment:

The reported event bowel obstruction in not listed in the Core Data Sheet of ibuprofen. The physiopathological link between the ibuprofen administration and the reported bowel obstruction is not obvious. A subcronic phlogistic injury by ibuprofen can be suspected but an evidence-based documentation seems difficult to be obtained.

Submission of a report does not constitute an admission that the medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event.

C1. Name (cont.)

Suspect Medication #1: NUPRIN(IBUPROFEN) tablet

MOA 3 5 5001

NOV 1 3 2001

MEDWATCH

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reporting.
Page (

	Form Approved by FDA 05/13/97
For MANDATORY	Mfr. report # 01-126
reporting.	UF/Dist.report #
Page _ ! _ of _ 1	FDA Use Only

A. Patient inform	ation				C. Suspect medi				
1. Patient	2. Age at tim	e of	3. Sex	4. Weight	1. Name (give lab		-	labele	r, if known)
identifier	event:		-6.1	11-1-1	#1 Ibuprofen, U	Jik, Uni	<u> </u>		
Unk	or <u>12</u> Date		⊠ female □ male	Unk lbs or	2. Dose, frequenc	v & rout	e used 3	. The	rapy dates
in confidence	of birth: Unk		- maic	kgs	# 1 2000 mg/day/o				20/96 - 02/97
B. Adverse event					# 2		Ţ.	2	and the second term and the second
i. ⊠ Adverse eve		roduct p	roblem (eg,		4. Diagnosis for u		· ·		ent abated after use
defect/malfunct.)		_			# 1 pulmonary ma	mifestati			ped or dose reduced
2. Outcomes attrib	outed to advers	e event					,	-	yes □ no □ n/a yes □ no □ n/a
(check all that a		🗆 dis	sability		# 2 6. Lot #	7. Exp			ent reappeared after
□ death			ngenital anoma	•	# 1 Unk	# 1 Unl	T T		ntroduction
□ life-threatenin	g		quired interven ent permanent	tion to			#		yes □ no ⊠ n/a
bospitalization bospitalization bospitalization company bospitalization company c	n-initial		irment/damage	e	# 2	# 2	#	20	yes □ no □ n/a
or prolonged		•	ner:		9. NDC # - for pr	oduct pr	oblems only	(if kn	own)
3. Date of		4. Da	te of			<u>-</u>			
event			ort		l E		products and	thera	py dates (exclude
(mo/day/yr) 09	/20/96-02/97	(m	o/day/yr) 10/3	1/01	treatment of event) Pancrelipase, dornase alfa, 2.5 mg.				
5. Describe event							_		
High-dose lbuprofe	en therapy for o	eystic fi	brosis was asse	iciated with the					
development of pyl months after starting	oric channel stri lbuprofen 1000	eture in . mg (28.	a 12-year giri. 7 2 mg/kg/dose) g	Approximately 2 iven twice daily.	D. All manufact		0 11		2 Pl
the girl began to exp	erience episodes	of emes	is and was unable	e to tolerate solid	Par Pharmacoutical Luc				2. Phone number 914-425-7100
foods. She began to	reatment with cis	sapride a	nd ranitidine, bu	it her emesis and					
weight. Un upper er	idoscopy perform	ned appr	oximately 5 mon	iths after the start	One Ram Ridge Road				3. Report source(s)□ foreign
of Ibuprofen therapy channel dilation wa	revealed pyloric	channe	stenosis and obs	struction. Pyloric	Spring Valley, New York 10977				□ study
discontinued and the	s successiumy pe ie girl began tre	erioninec eatment	iouproten and with omeprazole	e. At follow-up	4. Date received	- 1			□ literature
approximately 6 m	onths later the g	girl was	not experiencin		manufacturer		ANDA # <u>Unl</u>		□ consumer
dysphagia and had [1] Bell, ES, Grot				annel Stricture	07/09/01 6. If IND, protoc		IND # PLA #		⊠ health professional
Secondary to Hig					N/A		pre-1938 □ y		□ user facility
Fibrosis", Ann P				•			orc		□ company
6 Palevant tests/	laboratory data	includ	ing dates		7. Type of repo		Product □ ye	es	representative
6. Relevant tests/laboratory data, including dates Unk			□ 5-day 🛮 initia				□ distributor □ other:		
					□ 10-day □ 15-da □ periodic	ay			z otaer.
7. Other relevant	history includ	ing pres	evisting medic:	al conditions	□ follow-up #				
					8. Adverse event	term(s)			9. Mfr. report #
(e.g., allergies, race, pregnancy, smoking, and alcohol use, hepatic/renal dysfunction, etc.)				Pyloric channel	l stricture	e		01-126	
Cystic Fibrosis									
					E. Initial repor	ter			
					1. Name, address	s & nhor	ne number		
					Bayer AG	por			
				Global Produc					
					Morrietown N	ロロカカムク	_1916 /9731 ?	ノミューディ	arvi

admission that medical personnel, user facility, distributor, manufacturer or product caused or

contributed to the event.

Submission of a report does not constitute an

FDA Form

Facsimile

3500A

NUV J. 4 2001

Pharm. Co.

2. Health professional? 3. Occupation

⊠ yes □ no

4.Initial reporter also

□yes □no ⊠unk

sent report to FDA



For MANDATORY reporting.

M

Mfr. report # 01-12	
UF/Dist.report #	
	FDA Use Only

Page 2 of 11

2. Health professional? 3. Occupation

⊠ yes □ no

NUV 1 4 2001

Mfr. report # 01-127	
UF/Dist.report #	
	FDA Use Only

4.Initial reporter also

sent report to FDA

⊏yes □no ⊠unk

A. Patient inform	ation			C. Suspect medi			
1. Patient	2. Age at time	of 3. Sex	4. Weight	1. Name (give lab	-	fr./labe	ler, if known)
identifier	event:			# 1 lbuprofen, u	ink, unk		
Unk	or 18 month		lbs	#2			
	Date	⊠ male	or	2. Dose, frequenc			nerapy dates
in confidence	of birth: Unk		<u>12</u> kgs		Overdose/Infant	# I U	nk
B. Adverse event				# 2		# 2	
 I. ■ Adverse eve 	nt and/or □ Proc	iuct problem (eg,		4. Diagnosis for u	ise (indication)	1	vent abated after use
defect/malfunct.)				# 1	entre kontrejonire, nien, moskalensvala. Oddo jiho brikoski disessa kan		opped or dose reduced
2. Outcomes attrib	outed to adverse e	event					lyes □ no □ n/a lyes □ no □ n/a
(check all that a		□ disability		# 2		_1	-
□ death		□ congenital anoma	aly	6. Lot #	7. Exp. date		vent reappeared after
□ life-threatenin	_	\Box required interven	tion to	# 1 Unk	# I Unk		eintroduction Lyes □ no ⊠ n/a
		prevent permanent			# 2		lyes □ no □ n/a
bospitalization bospitalization		impairment/damage	e	L			-
or prolonged		□ other:		9. NDC # - for pro	oduct problems or	пу (п кі	nown)
3 Date of	4	1. Date of		10. Concomitant	nadical products a	- d • b o n	apy dates (exclude
event	_	report		treatment of e		ma mera	apy dates (exclude
(mo/day/yr) Un	ık	(mo/day/yr) 10/3	1/01	Pseudoephed	•		
5. Describe event				<u>'</u>			
This case involves	an 18 month-old	male child who took	Clbuprofen and				
		onic clonic scizures.		D. All manufact	urers		
		the Emergency Room pty bottle of Ibuprofer		1. Contact office	- name & address		2. Phone number
		odes of emesis. After		914-425-			914-425-7100
relatively normal bel	navior, the parents n	oticed the patient beca	me limp and was	Par Pharmace			3. Report source(s)
		quently became apneio		One Ram Rid		-	□ foreign
		ation indicated a poter mg/kg). Activated ch		Spring vaney	, New York 10977	í	□ study
		bolus of 12 mEq wa		4. Date received	- 1		
		4 mEq/L sodium bicar		manufacturer	ANDA # <u>U</u>	<u>NK</u> _	□ consumer
per hour in light of the later with an unever		s. The patient was disc	charged two days	02/02/01	IND #		⊠ health
	-	ı, K.M. Fentzke, T. Si	oo I B Leiken	6. If IND, protoco			professional ☐ user facility
		to Ibuprofen", (Acad		N/A	pre-1938 OTC	n yes	□ company
Medicine) 7/2000, V	/ol. 7, No. 7, P. 821	1-823.		7. Type of repor		2 ves	representative
				□ 5-day ⊠ initial		2	□ distributor
6. Relevant tests/l	aboratory data in	ncluding dates		□ 10-day □ 15-da			□ other:
Unk	deoratory data; ii.	retaining times		⊠ periodic			
				□ follow-up #			
				8. Adverse event	term(s)		9. Mfr. report #
7. Other relevant history in July 1997				11	Tonic Clonic Sei.	zure,	01-127
7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking, and alcohol use,				emesis			
	ysfunction, etc.)	amoring, and arcon	or use,	E. Initial report	er		
Unknown	, 5. 0.1011.511, 610. /			1 Now 11.	2		
				Bayer AG	& phone number		
				Global Product	Safety (GDS)		
L				4	1 07962-1910 (973	3) 254-5	000

FDA Form 3500A Facsimile

Submission of a report does not constitute an admission that medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event.

MEDI THE F Compi

contributed to the event.



For MANDATORY reporting.

Form Approved by F	DA 05/13/97
Mfr. report # 01-135	
UF/Dist.report #	
	FDA Use Only

Page <u>3</u> of <u>11</u>

							L	
A. Patient infor	mation				C. Suspect medic	ation(s)		
1. Patient identifier	2. Age at time	e of	3. Sex	4. Weight	1. Name (give laber # 1 Ibuprofen Tal	eled strei	ngth & mfr./labeler	ifknown)
Unk in confidence	or 55 Date of birth:		□ female ⊠ male	Unk_lbs or kgs	# 2 2. Dose, frequency # 1 Unk	& route	# 1	Therapy dates
					# 2		±2	
B. Adverse even 1. Adverse even defect/malfunct.)	ent and/or DPr	oduct p	oroblem (eg,		Datghoods for the # 1 Hip Joint pain	ic (indic	# 1	Event abated after use topped or dose reduced pyes □ no 図 n/a
2. Outcomes attr (check all that a □ death □ life-threateni	apply) ng	□ dis □ cor □ rec preve impa	ability ngenital anoma quired intervent ent permanent irment/damage	tion to	# 2 6. Lot # # 1 Unk # 2 9. NDC # - for p	#1U #2	8. nk # 1 # 2	□ yes □ no □ n/a Event reappeared after reintroduction □ yes □ no □ n/a □ yes □ no □ n/a known)
or prolonged				//01	10. Concomitant treatment of		l products and the	erapy dates (exclude
5. Describe even A 55-year old male avascular necrosis antiinflammatory betamethassone) for complain of epiga endoscopy was per active ulceration in of duodenal obstrution womiting. Upper Grand marked distens Exploratory laparot 3-mm-thick diaphratotal excision of the patient was dischare complete relief of Complete relief relief of Complete relief of Complete relief relief relief relief relief relief relief	patient was presers of both hips, drugs and stored years to relieve stric pain with a rformed I month the prepyloric antaction. At admiss all, series revealed sion of the first and comy was performed agm at the third poet diaphragm and sugged from the hospobstructive symptodae Hee Lee, Sungueted with Long-Ter	He eroids, e hip joi duratio before hrum. At ion the smooth d second ed. Duocortion of btotal gaital and ems.	had been using (piroxicam, in pain, In addition of I month, assistant time, there we patient complain narrowing of the portion of the denotomy revealed the duodenum, astrectomy were had an uneventh form the following the follo	g Nonsteroidal buprofen and tion he began to Therefore and on, revealing an was no evidence ned of frequent pyloric channel uodenum, ed an incomplete During surgery, performed. The all recovery with Park, "Duodenal ntiinflammatory	D. All manufact 1. Contact office Par Pharmace One Ram Ric Spring Valley 4. Date received manufacturer 02/02/01 6. If IND, protoc N/A 7. Type of repo □ 5-day ※ initia □ 10-day □ 15-da ※ periodic □ follow-up #	- name eutical, lge Roa y, New by ol #	Inc. d York 10977 5. ANDA # UNK IND # PLA # pre-1938 □ yes OTC Product □ yes	2. Phone number 914-425-7100 3. Report source(s)
6. Relevant tests/laboratory data, including dates					8. Adverse event term(s) Prepyloric ulcer, epigastric pain, duodenal diaphragm. vomiting 9. Mfr. report # 01-135			9. Mfr. report # 01-135
7. Other relevant history, including preexisting medical conditions (e.g., affergies, race, pregnancy, smoking, and alcohol use, hepatic/renal dysfunction, etc.) Avascular necrosis of both hips				E. Initial repor	& pho	(GDS)		
FDA Form Submission of a report does not constitute an admission that medical personnel, user facility, distributor, manufacturer or product caused or					Morristown, N 2. Health profess ⊠ yes □ no		2-1910 (973) 254 3. Occupation Pharm. Co.	-5000 4.Initial reporter also sent report to FDA □ yes □ no ❷ unk

MEI THE Com



For MANDATORY reporting.

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form Approved by F	DA 05/13/97
Mfr. report # 01-136	•
UF/Dist.report #	44-12-12-12-12-12-12-12-12-12-12-12-12-12-
	FDA Use Only

A. Patient inform	nation			C. Suspect me	edication(s)		
1. Patient identifier	2. Age at time of event:	3. Sex	4. Weight	1. Name (give	labeled strength & , Unk., Unk	& mfr./labe	ler, if known)
lucitanes	or	□ female	<u>Unk</u> lbs	# 2			
	Date	⊠ male	or	2. Dose, freque	ncy & route used	3. Th	nerapy dates
in confidence	of birth:		kgs	# 1 150 mg, dai	ly, orally	#1U	
B. Adverse even				# 2		# 2	
Note that I is a second of the second	ent and/or Product	oroblem (eg,		4. Diagnosis fo # 1 Sore throat,	r use (indication) arthralgia	sto	vent abated after use opped or dose reduced
	buted to adverse event			# 2			yes □ no □ n/a)yes □ no □ n/a
(check all that a □ death □ life-threatenir	Co	sability ngenital anoma quired interven		6. Lot # # 1 Unk	7. Exp. date # 1 Unk	re	vent reappeared after eintroduction
□ hospitalizatio	prev- n-initial impa	ent permanent irment/damage		#2	# 2	#2 =	lyes □ no ⊠ n/a lyes □ no □ n/a
or prolonged	□ ot	ner:		9. NDC # - for	product problems	s only (if k	nown)
3. Date of event (mo/day/yr) Ut	nk (m	te of oort o/day/yr) 10/3	!/01	10. Concomitar treatment of Unknown		ets and ther	apy dates (exclude
glucose less than 2. loss of consciousnes The patient has a 20 control was stable. I	nt received Ibuprofen and 2 mmol/L) with severe n ss. I-year history of type II d Ie developed a sore throa	ausea, sweating, abetes mellitus a t and arthralgia a	palpitations and and his glycemic and took 150 mg		ce - name & addre	ess	2. Phone number 914-425-7100
	hour later, he develope				ceutical, Inc.		3. Report source(s)
same symptoms wer	mediately relieved after to re reproduced again the no lbuprofen. After taking t	ext morning after	the patient took	One Ram R Spring Vall	ey, New York 10	977	⊠ foreign □ study
developed the same	symptoms with greater	intensity and los	t consciousness.	4. Date receive	-		⊠ literature
	d fully soon after receiving			manufacturer	ANDA:	UNK UNK	□ consumer
	ot experienced further hy shi A, Yamada N, "Ibupi			04/25/01 6. If IND, prote	ocol# PLA#	f	
	ulfonylurea". Ann of Inte			N/A		38 □ yes	user facility
					orc	50 C Jes	□ company
6 Relevant tests/	laboratory data, includ	ina dates		7. Type of re		et □ yes	representative
Unknown	moormory data, motud	ing unica		□ 5-day 🛭 init	ial		□ distributor
				□ 10-day □ 15-	day		Other:
7 04 - 1	h.t.a	• .• ••	3 . 1*4*	⊠ periodic			
	history, including pree race, pregnancy, smol			□ follow-up # _			
	race, pregnancy, smory ysfunction, etc.)	and aicon	or use,	8. Adverse eve		. •	9. Mfr. report #
	j stanonom, etc.)				a, Severe nausea, ss of consciousnes		01-136
I .				[っ ひにもいけるしけいじろけてき	1.3	I .

FDA Form 3500A Facsimile

Diabetes Mellitus Type II (20 yr history) Risk Factors: Altered metabolism

> Submission of a report does not constitute an admission that medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event.

1. Name, address & phone number Bayer AG Global Product Safety (GDS) NUV 1 4 2001 Morristown, NJ 07962-1910 (973) 254-5000

E. Initial reporter

2.	Health professional?	3. Occupation	4.Initial reporter also
	⊠ yes □ no	Pharm. Co.	sent report to FDA
			□yes □no ⊠unk

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distributor, manufacturer or product caused or

contributed to the event.

Facsimile

For MANDATORY	
reporting.	

Form Approved by I	DA 05/13/97
Mfr. report # 01-13	7
UF/Dist.repor.#	
	FDA Use Only

Page _5 _ of _ 11 _

					C. Suspect medica	ution(s)		
A. Patient inform				4 37/-1-1-4	Name (give label)	led strength & mfr	./labele	er, if known)
Patient identifier Unknown in confidence	2. Age at tim event: or 25 Date of birth: Unk	⊠ f	ex Temale nale	4. Weight <u>Unk</u> lbs or kgs	# 1 Ibuprofen, Un # 2 2. Dose, frequency # 1 200 mg, daily,	k, Unk & route used		erapy dates
					# 2	and the second s	#2	
B. Adverse event 1. Adverse event defect/malfunct.) 2. Outcomes attri (check all that a death life-threatenin hospitalizatio	buted to adverse pply)	e event I disability C congenita P required prevent per	al anomi interven manent	ntion to	4. Diagnosis for use # 1 Upper Respirate # 2 6. Lot # # 1 Unk	7. Exp. date	5. Ev sto # 1 \omega # 2 \omega # 1 \omega # 1 \omega # 2 \omega # 2 \omega # 2 \omega # 2 \omega # 3 \omega #	yent abated after use pped or dose reduced lyes □ no □ n/a lyes □ no □ n/a lyent reappeared after cintroduction lyes □ no 図 n/a lyes □ no □ n/a
or prolonged		other:			9. NDC # - for pro	auct problems onl	у (п ки	ewn)
3. Date of event (mo/day/yr) U	nk	4. Date of report (mo/day/	yr) 10/3	1/01	10. Concomitant m treatment of ev Norfloxacin, 1	ent)	d thera	py dates (exclude
A 25 year old fen dyspnea, nasal ob occurred 30 minute Norfloxacin, which The patient kept 20 After removal of th medication and he diagnosis of aspir challenge with 100 minutes after Ibupt [1] Kawai K, S Intermittent Asp Asymptomatic A Respir Soc 2000;	struction epiphores after the intake were prescribed hamsters and a ce animals the patir airway hyper-rein-induced asthmomen of Ibuprofer ofen intake, hirai T, Suzukipirin-Induced After Removal ce 38: 298-301.	ra, and ear full of 200 mg of for an upper resolvenees which were ent became asyesponsiveness was confirm. All previous K, Chida K asthma in a of Pet Hamsto	Iness. Ibuprofe spiratory removes mptomat were also ned by sympton , Nakan Patient ers Fron	These symptoms in and 100 mg of tract infection. It is without further to alleviated. The single-blind oral ms reappeared 40 mura H, "Mild Who Became	4. Date received by manufacturer 04/20/01 6. If IND, protoco N/A 7. Type of report □ 5-day ❷ initial □ 10-day □ 15-day ❷ periodic	name & address atical, Inc. see Road New York 10977 y	NKyes	2. Phone number 914-425-7100 3. Report source(s)
	s, race, pregnan dysfunction, etc , nocturnal asth	cy, smoking, a c.)	and alco	cal conditions shol use,	fullness, nasal obs E. Initial report I. Name, address Bayer AG Global Product	g. dyspnea. epiphotruction, allergic rece er & phone number	eaction N	ί∪√ <u>i 4 2ΰΰ</u>
FDA Form 3500A		of a report do		constitute an I, user facility,		ional? 3. Occupa Pharm. Co	atio:1	4.Initial reporter also sent report to FDA □ yes □ no ⊠ unk

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Form Approved by FI	JA 05/15/97
Mfr. report # 01-138	
UF/Dist.report #	
, , , , , , , , , , , , , , , , , , , ,	CDA L/as Onl

□yes □no ⊠unk

Page	_6	of	11
0			

Mfr. report # 01-138
UF/Dist.report #
FDA Use Only

A. Patient inform	ation				C. Suspect medi	ication(s)		
1. Patient	2. Age at time	of	3. Sex	4. Weight	1. Name (give lat			eler, if known)
identifier	event:	·	J. 66x	,, v.g	#1 Ibuprofen, 2	4 G, Unkno	own	
Unk	or <u>19</u>			<u>Unk</u> lbs	# 2			
	Date		⊐ male	or	2. Dose, frequence	cy & route u	•	Therapy dates
in confidence	of birth: Unk			kgs	# 1 24 G, Orally,			Unk
B. Adverse event					# 2		# 2	
1. Adverse eve	nt and/or □ Pro	duct pr	oblem (eg,		4. Diagnosis for 1			Event abated after use stopped or dose reduced
defect/malfunct.)			و مسعمی ویسم به سور خووی،		# 1 Intentional OI	D, Suicide		gropped or dose reduced □ yes □ no ⊠n/a
2. Outcomes attrib	outed to adverse	event			#2			□ yes □ no □ n/a
(check all that a		□ disa	bility		# 2	7. Exp. d		Event reappeared after
□ death	and the second s		genital anoma		6. Lot # # 1 Unk	# 1 Unk		reintroduction
□ life-threatening	g		uired interven	tion to	# I Olik	- TOTAL		□ yes □ no ⊠ n/a
			nt permanent		# 2	# 2		□ yes □ no □ n/a
★ hospitalization	n-initial		rment/damage		9. NDC # - for p			
or prolonged		U otne	er:		9. NDC # - 101 p	-	-	Miowily
3. Date of		4. Date			10 Concomitant	medical pro	aducts and th	erapy dates (exclude
event		repo			treatment of		oddets and th	crupy dutes (entered
(mo/day/yr) Ut	ık	(mo	/day/yr) 10/3	1/01	Unknown	,		
5. Describe event								
A 19 year-old fer	male ingested 30	lbupro	ofen tablets, 8	300 mg and an				
unknown amount	of a barbiturate a	nd alco	ohol in a suicio	de attempt. The	D. All manufac			
patient was lethar	gic but could fol	low ve	rbal comman	ds. Vital signs	1. Contact office	- name &	address	2. Phone number
were blood pres	sure 126/70 m	mHg,	heart rate l	20 beats/min,				914-425-7100
respiratory rate	16 breaths/min	and	temperature	97°F. The	Par Pharmac			3. Report source(s)
nasopharynx, lun	g and heart exam	ination	s were norma	l. I Charramitud	One Ram Ric	_	10077	□ foreign
Gastric lavage an charcoal shortly a	d activated charc	oai was	s aoministeret	r, Sile voimitu	Spring Valle	y, New Yor	K 10977	□ study
breathing and an i	ner aummistratio	ch of h	ervoice. A ch	est X-ray study	4. Date received	ГБу 5.	and the state of t	⊠ literature
showed a widened	Increase in the pro Interestinum in	eumor	ericardium an	d subcutaneous	manufacturer		DA# <u>UNK</u>	
emphysema con	sistent with es	ophage	al perforation	n which was	05/20/01		ID #	
confirmed by co	emputed tomogr	aphy s	scan. Surgio	cal exploration	6. If IND, proto		A #	
revealed a tear in	the proximal post	erior es	sophagus with	charcoal in the	N/A	4 -	re-1938 □ yes	
mediastinum. She	e remained intuba	ted for	7 days and wa	s discharged 14			TC oduct □ yes	□ company representative
days after admiss	ion.				7. Type of rep	···	oduct to yes	□ distributor
[1] Caravati EN	A, Knight HH.	Linsco	ott MS Jr.,	Stringham JC,	□ 5-day ⊠ initia			□ other:
"Esophageal Lac				Complicating	□ 10-day □ 15-d ⊠ periodic	lay		
Gastric Lavage",	J Emerg Med 20	01, 20:	2/3-2/6.		follow-up #			
6. Relevant tests.	laboratory data,	includi	ng dates		8. Adverse ever	t term(s)		9. Mfr. report #
Unknown	•		_		Intentional Ov		cide Attempt	
7 01 1	. 1. 1. 4			al aunditions	1			
7. Other relevant	nistory, includin	ig pree:	xisting medic	ar conditions haluse	E. Initial repo	rter		
	, race, pregnancy dysfunction, etc.)		ang, anu aicoi	iioi usc,				
	aystunction, etc.)				1. Name, addre	ss & phone	number	
Suicide aneim	A montional of	J. 4036			Bayer AG	-		
	•		and the second s		□ Global Produ	ct Safety (C	iDS)	Name to the second
		_						4-8000 1 4 2001
FDA Form	Submission o				2. Health profes			
3500A	admission tha	n medi	cai personnel,	, user racility,	⊠ yes □ no	P	harm, Co.	sent report to FDA

distributor, manufacturer or product caused or

contributed to the event.

Facsimile

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contributed to the event.

Computer facsimile generated by Par Pharmaceuticai, inc.

Form Approved by FDA 05/13/97 Mfr. report # 01-139						
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sent report to FDA

□ yes □ no 図 unk

FOR MANDATORY	Mfr. report # 01-139
eporting.	UF/Dist.report #
Page 7 of 11	FDA Use Only

A. Patient inform	eation			C. Suspect i			101
1. Patient	2. Age at time of	f 3. Sex	4. Weight	1. Name (give l	abeled strength & m Tablets, Unk, Unk	fr./label	er, if known)
identifier	event:	□ female	<u>Unk</u> lbs	# 2			
Unk	or 9 months Date	— ⊠ male	or		icy & route used	3 The	rapy dates
in confidence	of birth:	- Cinaic	kgs	# 1 Unk	icy & foure used	# . Un	
	l			# 2		#2	
B. Adverse event		et problem (ag		h	use (indication)		ent abated after use
I. ⊠ Adverse eve	nt and/or 🗆 Produ	ict problem (eg,		4. Diagnosis for	use (indication) act infection, fever		oped or dose reduced
defect/malfunct.)				# 1 respiriory tra	ict infection, fever		yes □ no ⊠ n/a
2. Outcomes attri	buted to adverse ev	ent		1		#20	yes □ no □ n/a
(check all that a	pply)	disability		# 2	T = 5 T .		ent reappeared after
death		congenital anom		6. Lot #	7. Exp. date		introduction
□ life-threatenin	ng C	required interver		# 1 Unk	# 1 Unk	I.	yes □ no ⊠ n/a
	F	prevent permanent					yes □ no □ n/a
☑ hospitalizatio		mpairment/damag	e	# 2	# 2	1	•
or prolonged	[□ other:		9. NDC # - for	product problems or	n l y (if kr	iown)
3. Date of	4.	Date of			-	-	
event		report			nt medical products	and thera	apy dates (exclude
(mo/day/yr) U	nknown	(mo/day/yr) 10/3	31/01	freatment of	f event)		
	I			Unknown			
5 Describe even		de la la completa de l'humerol	lan ard decelored	!]			
This is an initial cas	e of a 9 month male wulcer with abdominal	I distension. The na	tient had suffered				
from an upper resp	iratory tract infection	with fever for about	2 weeks and was	D. All manuf			2. Phone number
treated intermittent	ly with Ibunrofen.			1. Contact office	ce - name & address	•	914-425-7100
At Improtomy: a 0	8-em perforated hol	e was found over th	e prepyloric area.		47 1 1		
Simple closure with	h omental patching w	as performed after c	lebridement of the	Par Pharma	aceutical, Inc.		3. Report source(s)
pertoration. Path	ologic examination infection. The pos	snowed caronic parative course a	nd outcome were	One Ram F		17	■ foreign
	intection. The pos	stoperative course a	ila tratoriila	Spring var	ley, New York 1097	,	□ study
satisfactory.	J WM, Chen Y, "Per	rforated Peptic Ulce	r in an Infant", J.	4. Date receive	ed by 5.		🛮 literature
Formosan Med As	soc 2001; 100; 131-1	133.		manufacturer	ANDA #_		□ consumer
				05/22/01	IND #		bealth
				6. If IND, prof	tocol# PLA #_		professional
				N/A	pre-1938	} □ yes	user facility
					ОТС		□ company
6. Relevant tests	s/laboratory data, ir	ncluding dates		7. Type of re		⊔ yes	representative distributor
Unknown	•			□ 5-day ⊠ ini			□ other:
				□ 10-day □ 15	-day		J onici.
				□ periodic			
			1 11.1	□ follow-up #			10 M6
7. Other relevan	nt history, including	g preexisting medi	cal conditions	8. Adverse ev			9. Mfr. report #
	race, pregnancy, sm	oking, and alcohol i	ise, nepanc/renai		eptic ulcer, abdomir	ıal	01-139
dysfunction, e				distension			
Chronic peptic	uncel						
1				E. Initial re	porter		
					ress & phone numb	er	
FDA Form	Submission of	a report does not	constitute an	Bayer AG	dust Safate (CDS)		SAB•
3500A	admission that	t medical personne	el, user facility,	Global Pro	duct Safety (GDS) 1, NJ 07962-1910 (9	73\254	1 4 ZÚŮÎ
Facsimile	distributor, ma	anufacturer or pro-	duct caused or		fessional? 3. Occi		4. Initial reporter also
r acomme	contributed to	the event		2. rieann pro	icosionai. 15. Occi	.putton	

⊠ yes □ no

Pharm. Co.

ME THI Con



For **MANDATORY** reporting.

Form Approved by F	DA 05/13/97
Mfr. report # 01-140)
UF/Dist.report #	
	FDA Use Only

Pharm. Co.

⊠ yes □ no

sent report to FDA

□ yes □ no ⊠ unk

	Page <u>8</u> o	f _
estiont information	C Suspect me	117

distributor, manufacturer or product caused or

contributed to the event.

Facsimile

A. Patient inform	ation			C. Suspect med				
1. Patient	2. Age at time of	f 3. Sex	4. Weight	1. Name (give labeled strength & mfr./labeler, if known) # 1 Ibuprofen, Unk, Unk				
identifier	event:				Jnk, Unk			
Unk	or <u>Unk</u>	□ female	<u>Unk</u> lbs	# 2		T		
	Date	□ male	or				erapy dates	
in confidence	of birth:		kgs	# 1 Unknown		1	ıknown	
B. Adverse event				# 2		# 2		
	nt and/or □ Produ	ict problem (eg,		4. Diagnosis for		1	ent abated after use pped or dose reduced	
defect/malfunct.)			an en agrana a de cala agrança participa participa de cala de c	# 1 Cystic Fibrosi	S.S.		yes □ no ⊠ n/a	
2. Outcomes attril	outed to adverse ev	ent		# 2			yes □ no □ n/a	
(check all that a	pply)	disability		6. Lot #	Ta Fun data		vent reappeared after	
□ death		congenital anoma		# 1 Unk	7. Exp. date # I Unk		eintroduction	
□ life-threatenin	0	required interven	tion to	# I UIIK	# I Clik		yes □ no ⊠ n/a	
	-	revent permanent		# 2	# 2		yes □ no □ n/a	
□ hospitalizatio		mpairment/damage			roduct problems or			
or prolonged	t.	other:		9. NDC # - Ior pi	roduct problems of	my (a Kii -	iown)	
3. Date of	4.	Date of		10 Concomitant	medical products	and there	apy dates (exclude	
event		report	1.10.1	treatment of		una mere	ipy dates (exclude	
(mo/day/yr) Ur	ık	(mo/day/yr) 10/3	1/01	Gentamicin				
A contributing factor Author felt that be hydration status and in patients received in [1] Scott CS, Retse Toxicity in an Ado Standard-Dose Ibup	who developed renal ir was a possible subc cause of the potentia renal and vestibular f buprofen and intraver h-Bogart GZ, Henry blescent with Cystic rofen", Pediatr Pulm	optimal intravascular al severity of this of functions should be conous aminoglycoside MM. "Renal failur Fibrosis Receiving anol 2001; 31: 314-	ryolume status. Irug interaction, losely monitored is concomitantly. The and vestibular Gentamicin and	Par Pharmace One Ram Ric	- name & address eutical, Inc. lge Road y, New York 1097 by 5. AN DA # L IND # _ PLA # _ pre-1938 OTC	7 JNK ⊏ yes	2. Phone number 914-425-7100 3. Report source(s) ☐ foreign ☐ study ❷ literature ☐ consumer ❷ health professional ☐ user facility ☐ company representative	
Unknown				□ 5-day ⊠ initia □ 10-day □ 15-d 図 periodic □ follow-up #	ıl		□ distributor □ other:	
(e.g., allergies,	history, including race, pregnancy, s ysfunction, etc.)			8. Adverse even Renal Failure, E. Initial repo	Vestibulotoxicity		9. Mfr. report # 01-140	
Unknown				v. mitten repor	TCI			
				1 Name address	s & phone number	•		
				Bayer AG	2 25 phone hamou		NOV 1 4 20	
L					t Safety (GDS)		40 6 # 50	
FDA Form	Submission of a	report does not co	netitute an		ม 07962-1910 (97	3) 254-5	000	
3500A		nedical personnel,		2. Health profes	sional? 3. Occup	oation	4.Initial reporter als	

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For MANDATORY reporting.

C. Suspect medication(s)

Form Approved by FI Mfr. report # 01-141	OA 05/13/97
UF/Dist.report #	
	FDA Use Only

Page 9 of 11

A. Patient inform	ation					
1. Patient	2. Age at tim	e of	3. Sex	4. Weight		
identifier	event:					
Unknown	or <u>12</u>			<u>Unk</u> lbs		
	Date		□ male	or		
in confidence	of birth:		l	kgs		
B. Adverse event						
 I.	ntand/or □ Pr	oduct p	roblem (eg,			
2. Outcomes attrib	outed to adverse	e event				
(check al! that ap	oply)	□ dis	ability			
□ death			ngenital anoma	-		
□ life-threatenin	g		juired interven	tion to		
		-	ent permanent			
⊠ hospitalization	n-initial	ınıpa □ otl	irment/damage	;		
or prolonged						
3. Date of		4. Da				
event (mo/day/yr) Un	len ou m		port no/day/yr) 10/31/01			
(iiio/day/yr) On			orday, yry 10/3			
The case describes a 12-year-old female patient with cystic fibrosis who received ibuprofen and developed pyloric channel stricture. The patient started taking 1000 mg generic ibuprofen, twice daily, to treat the pulmonary manifestations of cystic fibrosis in 1996. Soon after her clinical visit the patient developed emesis and intolerance of solid foods which persisted for several months and resulted in weight loss of 7 kilograms. She was referred to a pediatric gastroenterologist, who performed an upper endoscopy and subsequently diagnosed a pyloric channel structure. The patient was admitted to the hospital. The patient's pyloric channel stricture dilated with two balloons. No active ulcer was noted upon dilation. The patient wad advanced to a regular soft diet and discharged 2 days later. Omeprazole 20 mg/d was added to her maintenance cystic fibrosis medications. Ibuprofen, cisapride and ranitidine were discontinued. Over the course of the following year, the patient was asymptomatic. [1] Bell ES, Grothe R, Zivkovich V et al, "Pyloric channel Stricture Secondary to High-Dose Ibuprofen Therapy in a Patient with Cystic Fibrosis", Ann Pharmacother 1999; 33: 693-696						
6. Relevant tests/ Unk	laboratory data	. includ	ing dates			
	race, pregnand ysfunction, etc	y, smol				

FDA Form 3500A **Facsimile**

Submission of a report does not constitute an admission that medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event.

	1. Name (give lat		_	ifr./label	ler, if known)			
l	# 2		a description de la company de					
	2. Dose, frequency & route used # 1 2000 MG			3. Therapy dates # 1 09/20/96 - 02/97				
	# 2			ti 2				
	4. Diagnosis for u # 1 Cysic Fibrosis		dication)	sto	ent abated after use pped or dose reduced			
	#2			T#I⊡yes ⊡no ⊠n/a #2 ⊡yes ⊡no ⊐n/a				
	6. Lot # # 1 Unk	7. E: # 1 U	kp. date Ink	re	vent reappeared after introduction			
	# 2	# 2			yes □ no ☒ n/a yes □ no ⊃ n/a			
 	9. NDC # - for pr	oduct -	problems or	ıly (i f k r -	nown)			
	10. Concomitant treatment of e Pancrelipase		al products a	and thera	apy dates (exclude			
	D. All manufac				2. Phone number			
	1. Contact office	- nam	c te nadress		914-425-7100			
	Par Pharmaceutical, Inc. One Ram Ridge Road Spring Valley, New York 10977			7	3. Report source(s) ☐ foreign ☐ study			
	4. Date received	by	5.	⊠ literature				
	manufacturer		ANDA #_L					
1	06/29/01 6. If IND, protoc	al #	IND #_ PLA #					
ł	N/A	01 #	pre-1938	, .				
	''''		OTC	,	□ company			
	7. Type of repo	rt	Product 1	□ yes	representative			
1	□ 5-day 🛭 initia	1			□ distributor			
	□ 10-day □ 15-da	ay			□ other:			
1	⊠ periodic				ļ			
١	☐ follow-up #		<u></u>		9. Mfr. report #			
1	8. Adverse event Pyloric Channe		•		9. Mfr. report # 01-141			
	1 yione channe	1 3016	ttii C		01141			
1	E. Initial repor	ter						
	·							
	1. Name, addres	s & ph	one number					
	Bayer AG			ND	tr - a 2001			

Global Product Safety (GDS)

⊠ yes □ no

2. Health professional? 3. Occupation

Morristown, NJ 07962-1910 (973) 254-5000

Pharm. Co.

NOV 1 4 2001

4.Initial reporter also

□ yes □ no 🛛 unk

sent report to FDA

MED THE Comp



For MANDATORY reporting.

Form Approved by F Mfr. report # 01-142	
UF/Dist.report #	
	FDA Use Only

Page_10 of 11

A. Patient inform	ration				C. Suspect medi					
1. Patient	2. Age at tim	e of	3. Sex	4. Weight	I. Name (give labeled strength & mfr./labeler, if known) # I Ibuprofen, Unk, Unk					
identifier	event:					nk, Unk				
Unk		<u>onths</u>	⊠ female	<u>Unk</u> lbs	# 2		To #1			
in confidence	Date of birth: Unk		□ male	or	2. Dose, frequency & route used			3. Therapy dates		
				kgs				UNK		
B. Adverse event			11		# 2	71 II				
 I.	nt and/or D Pi	roduct p	oroblem (eg,		4. Diagnosis for u # 1 Unk	se (maication)		vent abated after use opped or dose reduced		
derecomandici.)					I TOUR	The State of the S		yes □ no ⊠ n/a		
Outcomes attrib					# 2			yes □ no □ n/a		
(check all that a			ability		6. Lot #	7. Exp. date		Event reappeared after		
□ death □ life-threatenin			ngenital anoma Juired interven		# 1 Unk	# I Unk		eintroduction		
ine-uneatenn	క		ent permanent	tion to			#10	Jyes □ no ⊠ n/a		
■ hospitalization	ı-initial	•	irment/damage	2	# 2	# 2	# 2 0	Jyes □ no □ n/a		
or prolonged		-	ner:		9. NDC # - for pr	oduct problems o	nly (if k	nown)		
3. Date of	·	4. Da	te of			•	-			
event		1	ort				and ther	rapy dates (exclude		
(mo/day/yr) Un	k	(m	o/day/yr) 10/3 i	1/01	treatment of e	vent)				
5. Describe event This case describes a 2-year old female child who received Ibuprofen and developed Stevens-Johnson Syndrome/toxic epidermal necrolysis. The child has a skin eruption 15 days after ibuprofen intake. Examination 4 days after the eruption revealed vesicles, spots, flat atypical targets, and full-thickness epidermal detachment over the lumbar area, anterior trunk, distal superior limbs, and face leaving a purple-red oozing dermis. About 25% of the body surface was involved. Bacterial cultures were negative at onset. A skin biopsy revealed an intra-epidermal bulla with necrotic keratinocytes at blister margins and spares perivascular lymphocytic infiltrates in the upper dermis. The patient was admitted and initiated on pentoxifylline 12 mg/kg/day intravenously three times aday, with no further extension of epidermal necrosis. By the 7th day, re-epithelialization was complete and 17 days after parenteral pentoxifylline, she was discharged and switched to the oral medication at the same dose for 3 more weeks. One month later she was free of lesions. [1] Sanclemente G, Roche Ca De la, Escobar CE, Falabella R, "Pentoxyfylline in Toxic Epidermal Necrolysis and Stevens-Johnson Syndrome", Int J Dermatol 1999; 38: 878-879.			D. All manufact 1. Contact office Par Pharmace One Ram Rid Spring Valley 4. Date received to manufacturer 07/02/01 6. If IND, protoco N/A 7. Type of report □ 5-day ❷ initial □ 10-day □ 15-da	or time with a second control of the second	7 JNK □ yes	2. Phone number 914-425-7100 3. Report source(s)				
6. Relevant tests/l Unk	aboratory data,	includi	ing dates		⊠ periodic □ follow-up # 8. Adverse event			9. Mfr. report #		
7. Other relevant (e.g., allergies, hepatic/renal dy Unknown	race, pregnanc	y, smok			Stevens-Johnson Epidermal Necrol E. Initial report 1. Name, address Bayer AG Global Product	a Syndreme, Toxi ysis er & phone number	Ni	01-142 JV <u>1</u> 4 20 01		

FDA Form 3500A **Facsimile**

Submission of a report does not constitute an admission that medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event.

2. Health professional? 3. Occupation 4.Initial reporter also Pharm. Co. sent report to FDA □yes □no ⊠unk

⊠ yes □ no

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Facsimile



Form Approved by F.	DA 05/13/97
Mfr. report # 01-143	
UF/Dist.report #	
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5. Event abated after use stopped or dose reduced #1 □ yes □ no ⊠ n/a # 2 🗆 yes 🗆 no 🗆 n/a 8. Event reappeared after reintroduction #1 □ yes □ no 図 n/a # 2 □ yes □ no □ n/a

> 2. Phone number 914-425-7100 3. Report source(s)

□yes □no ⊠unk

For MANDATORY	Mfr. report # 01-143
reporting.	UF/Dist.report #
Page 11 of 11	FDA Use Only

A. Patient inform	ation				C. Suspect m					
1. Patient	2. Age at tim	ie of	3. Sex	4. Weight	1. Name (give			r./labe	ler, if known)	
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2. Outcomes attrib	outed to advers	e event			# 2	1		<u> </u>	-	
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event		rep		1 (0.1	Unknown	or evene,				
(mo/day/yr) Un	IK	(m	o/day/yr) 10/31	1/01						
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twice. There was i					One Ram Ridge Road			3. Report source(
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admission that medical personnel, user facility,

distributor, manufacturer or product caused or

contributed to the event.

NUV 1 4 2001 73) 254-5000 3. Occupation 4.Initial reporter also 2. Health professional? Pharm. Co. sent report to FDA 🛮 yes 🗆 no

ACADEMIC EMPRGENCY MEDICINE - July 2000, Volume 7, Number 7

Serious Toxicity in a Young Child Due to Ibuprofen

ELIF E. ÖKER, MD, LUKE HERMANN, MD, CARL R. BAUM, MD, KATHLEEN M. FENTZKE, MD, TODD SIGG, PHARMD, JERROLD B. LEIKIN, MD

Abstract. An 18-month-old male presented to the emergency department (ED) for evaluation of lethargy and apnea. Four hours before presentation, the patient was found with an empty bottle of thuprofen, an ingestion of as much as 7.2 grams (600 mg/kg). The ED course was remarkable for a 30-ascond tonic—clonic seizure. Laboratory analysis was notable for metabolic acidosis. Four-hour and 7.5-hour serum ibuprofen levels were 640 and 39 µg/mL, respectively. Following treatment, the patient improved and was extubated the next marning. While metabolic acidosis has been frequently described at doses exceeding 400 mg/kg, seizures occurring early in the course of ibuprofen toxicity have been rarely noted. Key words: ibuprofen; poisoning; pediatrics. ACADEMIC EMERGENCY MEDICINE 2000; 7:821-823

Ibuprofee is a commonly used overthe-counter nonsteroidal anti-inflammatory analysaic derived from
propionic acid. In general, overdoses
of ibuprofee result in mild effects.
These effects include abdominal
pain, nauses, vomiting, lethargy,
headache, timitus, and atama. Serious toxicity, including coma, sepnea, metabolic acidosis, hypotension, bradycardis, and renal and
hepatic dysfunction, has been observed in ingestions of more than
400 mg/kg. Symptoms usually develop within four hours of ingestion. 1-5 We describe a child who de-

veloped severe symptoms (scizure, metabolic acidosis, apnea, and lethargy) after an ibuprofen ingestion of up to 600 mg/kg. The symptoms resolved in approximately eight hours with no long-term sequelae to date.

CASE REPORT

An 18-month-old, 12-kg male with an unremarkable past medical history was brought to the emergency department (ED) for evaluation of lethargy. According to the parents. the patient was found appreximately four hours prior to presentation with an empty bottle of ibuprofee, and with pill fragments in his mouth. The patient had two episodes of emesis; one spontaneous and the other manually induced by s grandparent. After a brief period of relatively normal behavior, the parents noted that the patient became limp and was not essily aroused. The patient subsequently became appeic, prompting the parents to bring him to the ED The patient's past medical history included eczema and otitie media. His parents indicated that he was occasionally given pseudocphedrine but was not given any in the last 24 hours. Further, it was discovered that his grandmother took lisinopril, for which all tablets were accounted.

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Later investigation indicated a potential ingestion of as much as 7.2 grams of ibuprofen (600 mg/kg).

On presentation to the ED, the patient was lethergic Vital signs were temperature (rectal) 95.8°F. respiratory rate 16 breaths/min. heart rate 123 beats/min, and blood pressure 11848 mm Hg. The patient's vital signs remained in this range throughout his ED course Physical exam was significant for an intact gag redex, reactive pupils (8 mm), and withdrawal from painful stimuli. He received, in increments, a total of 600 mL of normal saline and 1 mg of naloxons without response. A short time later the pretient sustained a 30-second tonicclonic seizure, which resolved with lorazepsm 1 mg IV push. The patient then became upneic, requiring endotraches! intubation. Subsequent lavage with a 12-Fr namera trie tube and 300 mL of normal saline revealed small pill fragments. Activated charcoal was then administered. A sodium bicarbonate bolus of 12 mEq was administered, followed by an infusion of D.W and 24 mEq/L sodium bicarbonate at 90 mL per hour, in light of the catient's pereistent acidosis

Laboratory analysis was notable for arterial blood gas pH of 7.20, pCO2 of 39 torr, pO2 of 469 torr, and HCO, of 15 mEq/L on 100% oxygen. A second arterial blood gas, drawn approximately one hour after the first, demonstrated a pH of 7.29. pCO, of 80 torr, pO, of 336 torr, and HCO; of 14 mEq/L. Serum chemistry obtained during the same period revealed No. 140 mEq/L, Cl 107 mEq/L, HGO; 17 mEq/L, K 4.9 mEg/L, BUN 13 mg/dL, Cr 0.4 mg/ dL, and glucose 157 mg/dL. The complete blood count was unremarkable, and serum solicylate, acetaminophen, and ethanol levels were negative; crinc toxicology screen was negative for cocaine, phencyclidino, opiates, benzodiazepinas, barbiturates, and cannabinoids. An electrocardiogram demonstrated a sinus rhythm without QRS prolongation. A four-hour serum ibuprofen level was 640 µg/ml.

The patient was then transferred to a tertiary care children's hospital. A blood gas obtained after transfer demonstrated a pH of 7.26, while concomitant serum chemistry showed bicarbonate of 18.2 mEq/L

From the Department of Emergency Medicine, University of Illinois at Chicago (EEO); Department of Emergency Medicine, Cook County Hospital (LH); Department of Pediatrics, Northwestern University Medical Center/Children's Memorial Hospital (KMF, CRB); Department of Internal Medicine, Rush-Presbyterian-St-Luke's Medical Center (JBL); Toxikon Consortium (EEO, CRB, JBL); and Illinois Poison Center (TS), Chicago, Illinois.

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though these researchers also proposed the acquired pathogenesis of duadenat disphragms, it is unclear as to whether nonsteroidal antiinflammatory deugs were an etiologic factor.

Several possible differential diagnoses include duadenal strictures that result from other causes such as possessum-leaduced stricture or neoplastic, isolaemic, inflammatory (e.g., Cruhn's disease), and infectious (e.g., tuberculosis) causes, all of which could be excluded on clinical and pathologic grounds.

Ductoral displacing are difficult to dispnote properatively, and even at laparotomy, unless disoberocomy with digital exploration of the
lumin is performed because the thin displacing
cannot be descend by pulpotion of the intext
disodenous. Upper garrotomestical series or hypotonic disodenography, which can give a high
disgnostic yield, can show complete or incomplete obstruction at the disodenous when barburn
passes through the excentic opening, the wall of
the displacing can be identified as a lucent line
on these studies. However, a michologist can also
miss the disodenal displacing if the displacing
reterables exaggerated mucosol folds.

Sung Evu Rhs
Jae Hee Loc
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- 3 Blinder CH, Hausekeele ML, Holvout JP, Korku MM, Hubens HKL. Duoderul diaphragmiike strettere induced by userylankaylic acid. Dig Ob-Sci 1994;39:1365–1369

Fig. 3.—18-year-old woman on long-term transferin soeium therapy after mirrit valve replacement. A and B. Undahlanced C. asans of cheer shaw calcifidation of tracked (A) and breached (B) cartilage.

- Geing JJ, Corein J, Surrock R. Powible precurtor of diaphragm disease in the small irresting. Lancer 1993;341:638–639
- Bilboo MK, Frische LH, Rench J, Benson Ja, It. Donner CT. Positivities doculonal electrand richunicatio. Redinlogy 1971;190:27:-35

CT Detection of Tracheobronchial Calcification in an 18-Year-Old on Maintenance Warfarin Sodium Therapy: Cause and Effect?

Calcification of trach-obsonchial cartilage on chest radiographs has long been recognized as an age-extend phenomenon [1]. Although CT has been shown to be more sensitive to the presence of rach-obsonchial calcification than conventional radiography [2], this finding is gallage-related, occurring almost exclusively in general who are more than 40 years old. We report a case of trach-obsonchial calcification on CT in an 18-year-old woman receiving long-term washing and/oran decay.

An 18-year-old woman with a history of congenital mitral valve regargization presented with increasing dysport and exercise intolerance. Because she had undergone mipply valve replacement at age 14 months and again at 11 years, she had more ed long-term warfarin sodium therapy. In addition, she had been sessed for ventricular ectopy with amiodatone for the post 3 years Recent declines in pulmonary function test results and cardiac catherenistics findings of pulpomany paterial hypertension prompted a high-resolucion CT Examination of the their to exclude three-induced pulmonary interestrial fibrosis; CT failed to reveal any interaction long discuss but clearly showed the incidental finding of trackets bronchial carallege calcification (Fig. 3), which could easily have been missed on a chest miliograph obtained the same day.

During the past 15 years, two articles have reported medicobronchial cartilage calcification on thest radiographs of enistren who

had undergone mitral valve replacement surgray. In these reports, four of five patients were known to be treated with warfarin sotitum, implicating the drug as an etablogic agent [3, 4]. Subsequent work showed an increased incidence of tracheobronobial calcification in adults receiving warfarin sodium versus that in age-matched control subjects (47% versus 19%, respectively) [5].

The mechanism of warfarin sodium-induced tracheobrenchial cardiage calcification remains obscure because it is also a normal age-related process. However, because warfarin embryopathy transfests as calcifications in and around joints and nitrway and nasal carrilages, it is possible that the mechanisms of these two entates are related. Researchers studying rate have found calcification of cartilage and elastic connective tissue in animals maintained on warfarin [6-8]. These findings support the hypothesis that warfarin nhibits normal formation of a ritamin K-dependent protein that prevents calcification of cartilage and conventive tissue.

As more CT examinations are performed on younger patients receiving warfarin, more cases of tracheotronoftal calcification will be seen. Padiologists should realize that this finding is not normal in pediatric of young adult patients and should be aware of its association with warfarin sodium therapy.

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AUR:175, September 2000

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inferrion, especially with Escientchia coli, is grouply associated with this entity [2].

Multiphasic contrast-enhanced dynamic MR imaging was effective in depicting the disappearance of the corticomedullary junction and multiple small nodular lesions in the ludies, thus revealing the diffuse distribution of the disease. Images obtained using this technique may provide a bener understanding of the distribution of the multinodular type of renal malacoplakts and may increase its radiologic prevalence.

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- Dobyas DC, Yhuneng LD, Skusoyan G. Rettal mutatoplastic reappraised. Am J Kidney Dis 1997. 22:243–252
- U Duodenal Diaphragm Associated with Long-Term Use of Nonsteroidal Amindlammatory Drugs A Rare Cause of Duodenal Obstruction in an Adult

Duodenal disphragm or web in an adult is a rare disease with congenital and acquired causes. In patients with congenital deoderal disphragm, the obstructive symptoms that ally occur during infincy, but the onset of symptoms begins during adulthood in approximately 30-35% of the patients [1]. To the contrary, multiple disphragms in the small bowel are acquired tesions that are usually caused by the long-term use of noncreroidal antiinflammatory drugs. In fact, diaphragua occurring at the duodentum and small intestine are macroscopically and miprospopically similar to each other, therefore, some researchers (2, 3) proposed the some pathogenesis. Although a number of cases of small-insestinal diaphragms due to long-term use of consumpidal antiminarumacory crugs have been reported in the Etentture, no reports regarding the duodenal diaphraem associated with nonteroids antiinflammatory drugs in an adult have been published in the radiology literature, to the best of our knowledge.

A 55-year-old man presented to our hospital for surgical measures of avagorals recreas of both hips. He had been using nonsteroidal antimiatamanny drugs and stemids (piroxicum, ibuprofen, and betamethasode) for 4 years to relieve hip joint pain. In addition to complaining of hip joint pain, he began to complain of epigastric pain with a duration of 1 month. Therefore, encoucopy was performed! more before hospital admission, revealing an active ulcoration in the propyloric antrum; at that time, there was no evidence of duoderal obstruction. At admission, the patient complained of frequent norbibous vomiting. Upper gostrointestinal series revealed sencoth narrowing of the pylone canal and marked disterrion of the first and second portion of the duodesum (Fig. 2A). On a 45-min delayed

compression per radiograph, a longitudinal disphragm was visualized at the observated size, causing severe delay of burium passages to the distal duodentum (Fig. 2B)

Exploratory Esparatomy was performed to relieve the patient's symptoms. Duodonotomy revealed an incomplete 3-mm thick diaphragm at the third portion of the diodenum, which was a membrahous type with a central tiny aperture. Adjacent duodenia mucosa was markedly edomatous. Dunnig surgery, total excision of the diaphragm and subtotal gastrectomy were performed. The patient was discharged from the hospital and had an timeventful recovery with complete relief of obstructive symptoms.

The precise pathogenesis of small-bowel disphragms caused by long-term use of nonsteroudal anticolizazionenory chrogs is not certain, but Coing et al. [4] suggested that circumferential electron in the small intestine might be the precised of intestinal diaphragms. The submucosts granulation users of the healing alon matures into collegenous scar tissue that compacts to create the webs or suspinagers. The small-intestinal displayers caused by long-term use of ponsteroidal antimiferametory drugs and duodenal disphracms are similar macroscopically and microscopically [2]. In both cases, diaphresms are formed by the mucosa and submiscose of affected bowels without evidence of searing or thickening on the serosal sarface. Therefore, some researchers [2, 3] proposed that the accounted politicipanesis is reliated to ponsteroidal anticoflamenatory drug ingestion. In 1971, Bilban et al. [5] described a large series of 12 ningities strictums of the descending doodsnum seen with postbulbar duodenal elecis. Al-

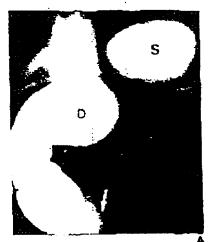




Fig. 2:--55-year-old man with duodetal discharge.

A. Upper gastrontestinel radiograph shows smooth terrowing of pytoric canal and marked fostation of first and accord portion of duodonom (D). Also, note marked passage disturbance at which gorden of ourseld and the second passage farmed. S = storach.

9. Corigression apot radiograph 40takino judia 45-min datay shows langitudicisi radiolupant line (arrows) at obsprutted alte, mirricking exaqgerascid muossal (old.)

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though these researchers also proposed the acquired pathogenesis of duodenal disphagers, it is unclear as to whether nonsessed and inhammatory drugs were an soologic factor.

Several possible differential diagnoses include duodonal solicities that result from other causes such as possiblium-induced enclaire or acoplastic, ischemic, inflammatory (e.g., Cruhn's disease), and infectious (e.g., uberculosis) causes, all of which could be excluded on clinical and pathologic grounds.

Duodoral displayars are difficult to diagmose prespensively, and even as leparatory, unless disodenously with digital exploration of the lurien is performed because the thin displayars connot be detected by pulpation of the legacduodenum. Upper granoisastical series or hypotenic duodenography, which can give a high diagnostic yield, can show complete or moonpless obstruction at the duodenamic when business passes strongly the eccentric opening, the wall of the displayars can be identified as a fracent line on those studies. However, a radiologist can also miss the duodenal displayars if the displayars resembled exaggerated mocosal folds.

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Fig. 1.—16 wear-old woman on long-term worken as four therapy situs salts! valve replactaness.

A and B, Unerhanced CT scans of thest show calcification of traches! (A) and branchis! (B) cardiage.

 Coing II, Carvin I, Storrock R. Possible precurnor of displanges decease in the small intestine Lancet 1993;341:638–639

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An 18-year-old woman with a history of oxegonital minal valve asymptotice presented with increasing dyspace and exercise intolerance. Bocause she had undergoes cristal valve replacement at age 14 months and again at 11 years, she tend received long-term wasterin scalium (harrapy in addition, she had been treated for ventricular ectopy with amindarone for the past 3 years. Recent declines in pulmonary function test results and cardiac carbotenzation findings of polynonary arterial hypertension prompted a high-resolution CT examination of the chest to exclude drug-induced pulmonary insurstitial filterials. CT fished to reveal any intermittal lang disease but clearly showed the incidental finding of mathem boostial cardiage calcification (Fig. 3), which could castly have been missed on a chest radioproph obtained the same day.

During the past 15 years, two articles have reported tracheobronchial cartilage calcification on chest radiographs of children who

had undergone mittal valve repla estimate an pery. In these reports, four of 6 ve patients were known to be treated with warfarin sodium, implicating the drug as an etiologic agent (3, 4). Subsequent work showed an increased incidence of tracheobrombial calcufication in adults receiving warfarin sodium versus that in age-matched control subjects (47% versus 19%, respectively) (5).

The mechanism of warfarin sodium-induced tracheobrenehial cartilage inicification remains obscure because it is also a normal age-related process. However, because warfarin embryopathy manifests at calcifications in and around joint and sirvey and masal cartilages, it is possible that the mechanisms of these Pato entities are related. Researchers studying rats have found calcification of cartilage and clustic connective tissue in smirnals maintained on warfarin [6-8]. These findings capport the hypothesis that warfarin inhibits normal formation of a viterain K-dependent protein that prevents calcification of cartilage and connective tissue.

As more CT examinations are performed on younger patients receiving a urfarm, more cases of tracheobogicals should realize that this finding is not normal in pediative or young adult petients and should be aware of its association with warfarin sodium therapy.

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Robyn J. Barri
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Columbia-Presbyterian Medical Genter
New York: NY 10037

References

 Brase SM, Stark P. Jacobson P. Tracheobroschial calcifications in an impulsed population. J Theore traging 1995:10:280–222





921

AJR:175 September 2000



MIELD VVATCH	1	GF ID ST report	
THE FDA MEDICAL PRODUCTS REPORTING PROGRAM	Page 1 of 3		FDA Use Only
A. Patient information	C. Suspect medical	tion(s)	
1. Patient identifier 2. Age at time 3. Sex 4. Weight	Name (give labeled strength & mf		
of event: 36 yrs female 190 lbs	#1 Aleve Sinus & He	adache Caplets	
Date or	Admid (YDUDDORDU	·	
in confidence of birth: kgs	#2 Advil (IBUPROFEN 2. Dose, frequency & route used		(if upl pour one duration)
B. Adverse event or product problem	#1 *	from to jor bast ast	s (if unknown, give duration)
1 Adverse event and/or Product problem (e.g., defects/malfunctions)			
Outcomes attributed to adverse event (check all that apply) disability	#2 •	#2 *	
death congenital anomaly	4. Diagnosis for use (indication)		Event abated after use stopped or dose reduced
required intervention to prevent	#1 Sinus headache		#1 yes no doesn't
pomblemana	#2 sinus headache		apply
hospitalization - initial or prolonged other: Med. Important	6. Lot # (if known)	7. Exp. date (f known)	#2 yes no doesn't apply
3 Date of 4 Date of 9 event 28-SEP-2001 this report 19-DEC-2001	#1 •	#1 *	8. Event reappeared after
impolar yet	#2 +	#2 *	reintroduction #1 yes no doesn't
5. Describe event or problem	9 NDC # - for product problems only		#1 yes no doesn't apply
SHAKINESS	#1 NI	#2 NI	#2 yes no doesn't
BEGAN TO SWEAT	10 Concom tant medical products	and there i divine lavel into	apply apply
STOMACH PAIN	:	ona merapy cases (excessed	i camen or eveny
STOMACH BLEEDING			
Blood in stool			
·			
	G. All manufacture	S & Jakon	-1.
Global narrative:	1. Contact office - name/address	(& mfring site for devices)	2. Phone number
This initial spontaneous report was provided	Bayer Corporation		B88-765-3203
by a consumer via a Consumer Care	Pharmaceutical Divisi	ion	3. Report source
Representative in the United States, and was	400 Morgan Lane		(check all that apply)
received on 01-OCT-2001.	West Haven, CT 06516	-4175	foreign
i			study
A 36 year old male patient of unknown race			literature
was treated with ALEVE SINUS & HEADACHE			health
CAPLETS-10S (naproxen sodium 220 mg/	4 Date received by manufacturer	, 5 .	professional
pseudoephedrine HCl 120 mg) for the	(Inc. day ye)	(A)NDA # 21-076	user facility
indication of sinus headache at a dose of *	01-0CT-2001	IND#	сотрапу
Relevant tests: aboratory data, including dates	6. If IND, pretocal #	PLA#	representative
None reported			distributor
none reported	7. Type of report	·	yes other:
	7. Type of report (check all that apply)	OTC product	yes
	5-day 15-day		
	10-day periodic	8. Adverse event term	•
		PAIN, GASTROII	SWEATING, ABDOMINAL
	Initial follow-up #		ASTROINTESTINAL
7. Other relevant history, including preexisting medical conditions (e.g., allergies, race,	9. Mfr. report number	HEMORRHAGE	
pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)			
Race: UNK	1		
Pregnant: NA	E. Initial reporter		
	1. Name, address & phone #	•	
	Mr. Road	-	
		TED STATES	
	Phone:		
Submission of a report does not constitute an			
admission that medical personnel, user facility,		Occupation	4. Initial reporter also sent report to FDA
distributor, manufacturer or product caused or	yes no NI	t .	yes no unk

Approved by FDA on 3/22/94

Comain Fats mile
After report # 200111977BCC

Corporation



Bayer Corporation

A.1. Patient Identifier

G.9. Mf/: report number

200111977BCC

Page 2 of 3

B.5. Describe event or problem

[continuation:] 220/120 mg on 28-SEP-2001. He also reported taking Advil (ibuprofen) 400 mg right after taking the Aleve Sinus and Headache. The consumer experienced the events SHAKINESS and BEGAN TO SWEAT within four hours after taking the products. The consumer also experienced the event of STOMACH PAIN and said he had STOMACH BLEEDING which he thinks has been caused by the products. He discontinued use and his symptoms subsided on 29-SEP-2001. On 30-SEP-2001, at approximately 10:30 PM, he proceeded to take another Aleve Sinus and Headache followed by two more Advil. The consumer reported waking up on 01-OCT-2001 at about 1:30 A.M., feeling shaky and sweaty. The consumer stated he continues to experience these symptoms as of 01-OCT-2001. No further information was provided.

Bayer global comment:

The event STOMACH BLEEDING with the symptom of blood in stool is serious (medically important) and listed in the U.S. Product Information for Aleve Sinus and Headache (naproxen sodium / pseudoephedrine HCl). The event SHAKINESS is non-serious and is not listed. The events BEGAN TO SWEAT and STOMACH PAIN are non-serious and are listed. Based on the information provided for this case, a causal relationship between the events and naproxen sodium/pseudoephedrine HCl administration cannot be excluded. This view is supported by a positive temporal association and a positive rechallenge for the events SHAKINESS and BEGAN TO SWEAT. However, the consumer reports taking 400 mg of ibuprofen in addition to the Aleve Sinus and Headache. This may be a possible alternative explanation. More information will be requested.

C.2. Dose, frequency & route used (Suspect #1)

Drug name: Aleve Sinus & Headache Caplets

Dose, frequency and route	Therapy dates	Lot number	Exp. date
	• • • • • • • • • • • • • • • • • • • •		
220/120 MG ONCE ORAL	28-SEP-2001	230231F	??-MAY-2003
220/120 MG ONCE ORAL	30-SEP-2001	230231F	??-MAY-2003

C.3. Therapy dates (if unknown, give duration) (mo/day/yr) (Suspect #1)

See table of dose information for C-2 above

C.5. Lot # (if known) (Suspect #1)

See table of dose information for C-2 above

C.7. Exp. date (if known) (mc/day/yr) (Suspect #1)

See table of dose information for C-2 above



poration

A 1. Patient Identifier

MED WATCH

G.9. Mfr. report number

200111977BCC

Page 3 of 3

C.2. Dose, frequency & route used (Suspect #2)

Drug name: Advil (IBUPROFEN)

Dose, frequency and route	Inclup! dasse	Lot number	•
400 MG ONCE ORAL	28-SEP-2001	NI	NI
400 MG ONCE ORAL	30-SEP-2001	NI	NI

C.3 Therapy dates (if unknown, give duration) (moldaylyr) (Suspect #2)

See table of dose information for C-2 above

C 6. Lot # (if known) (Suspect #2)

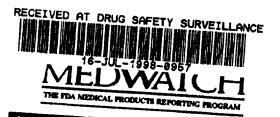
See table of dose information for C-2 above

C.7. Exp. date (if known, impieul, lyn (Suspect #2)

See table of dose information for C-2 above

G 3. Report source (others)

BAYER CONSUMER CARE USA





MoNEIL CONSUMER PRODUCTS COMPANY FORT WASHINGTON, PA 19034

A. Patier	nt information)			Page of		J		
retient iden	itifler 2. Age at the of event:		3. 8ex	4 100	C. Suspect me	edicatio	ن (۱۵		FOA u
	or	34 mo	()female	4. Weight	- va.va sanaled (Trenath & »	m fe/lab - L	N. Committee	
in confiden	Date		· /I wille!	unk lbs	#1 Children's Matr	in (bune	ofen c	nown)	
B Advers	ce of birth: (05/15/95	(X)male	or			- en Ural S	uspen	
1. X Adverse s	se event or pr	oduct proble	m	kgs	2. Doos, frequency & ro	ute used	3 %		
2. Outcomes	2114/07	Product problem	(e.g., defects/m	elfunctions)			from/te (er	letes (if unknown, give i	turation)
		() disabil			12 mg, quin, po		81 2.5		
() cleati	Imaldust		ity rikal anomaly		4. Diegnosis fer use (indi	cation!	#2		
	wastening	() menulus			#1 high fever			5. Event abated after	use
	telization - initial or pro	-ni-fed	VINESTINATION	mege Mage				stopped or dose re	
Date of event	14	(x) other:	recovered		02		-	#1 (X) Yes () N	0 () N/
(me/day/yr) 4/98	Γ.	Date of this report			8. Let # (if known) #1 Unknown	7. Exp. d	ate (if known)		
Describe event	or problem	(mo/day/yr)	05/12/98	j	#2	121	Inknown	82 () Yes () No. 8. Event reappeared at	() N//
						#2		reintreduction	100
POORT of New	Via company sal	es representati	Ve of phones	1	9. NDC # - for product proi	blems only !	lif known)	#1 () Yes () No	(X) #/=
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ale petient.	According	An orest DLBI 201	pension in a	- 1'	O. Concernitant medical ar	odusta and	es tale	#2 () Yes () No	() W/A
lildren's Not	trin 100	naisimi, mother	gave petien		Consomitant medical pr Unknown		rapy dates	fexclude treatment of e	vent)
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5/98 · una 4	story date, including	detec				ND #		i	"
ations in a	2.8, Hgb=36.3; E	GD reportedly s	hound			PLA &		company () represents	tive
111 -	comech, biopsy r	eaults not prov	Ided	7. Typ	e of report ook all that apply)	i	938 () Yes	() distributor	- 1
					5-day ()15-day	Produc	t (X) Yes	() other:	
				16	10-day (X) periodic	8. Advara	event term(e)		ł
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					report number	ULCER HEMATE	STOMACH	MELENA	
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1	including processing in all slooked use,	hepatic/renal dyefu	notion, etc.)	09773					
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Generated by AEmanagerTM from PCSI. Inc. For use by user-facilities, distributors and manufacturers for MANDATORY reporting

orm Approved:	OMB No. 0910-0291 FDA Facsimile appr	E	Dires:4	30/96
	INT1990046	ā,	n: 04/10	/1998
UF/Dist report a	,			

	DICAL PRODUCTS REPO	PARTOCKOUKAM		Page 101 MANDATO		
Patient	information			Page 1 Of 1	***	JF/Dist report #
1. Patient identifier	2. Age at time			C. Suspect	nodiani	FDA
	of event;	3. Sax	4. Weight	I. Name (give bibolari	nedication(s)	
	UNK	female	UNK	hs #1 INTEGRILI	rengin & mfr/labeler, if know	4)
In confidence	Date of	. maic		TRITON	N (EPTIFIBATION) INJECTION
# W	barth:	_	or		E SOLUTION	
B. Adverse	event or produ			kes #2 ADVIL	****	the management of the same and
1. Adverse eve	o con or produ	ct problem				
		roduct Problem (c.g. defects	Malfunctions)	2. Dose, frequency & route		
2. Outcome attributed (check all that apply)	to adverse event			ł 1		3. Therapy dates (if unknown, give durat
Death	UKSB	•		#1 INTRAVERO	DS .	from/to (or hest estimate)
		enital Anomaly		#2	many comments of the same	#1 02/07/1999/
Life-Threatening (mu/day/yr) 🗹 Requir	red intervention to prevent		4. Diagnosis for Use (indica		#2
Hospitalization - mis	beinen	nent singrakment/damage		#1 CHEST PAIN	(ion)	5. Event abated after use
proton ged		MEDICALLY SIGNI	FICANT			stopped or dose reduced
3. Date of event				#2 BACK PAIN		
(mn/day/yr)		Date of this report 02	2/12/1999			#1 yes nu 2
5. Describe event or probl				6. Lot # (if known)	7, Exp. date	
A report of G	I hemorrhage was	received		- #1	#1	4
loaded tos	i nemorrhage was ent was hospitali i was started on	zed and receive		#2		8. Event reappeared after
reb-1999 gt	ent was hospitali i was started on continued to have	a heparin drin	w Front		#2	- Includication
CLADSformal Ad		- CHEST DAIN	d	9. NDC # - for product proble	On only style	# 1 yes no do
MILD 1000 00-41		ULL UI-FAN LL.			OTLY (IE KROWN)	#PI
ms also recei		VELVEG INCAREAL.	in. She			# 2 yes no duc
MITIMO PAGE ACT		Clima . 10		10. Concomitant medical produ HEPARIM ; RT-PA	cis and therapy data	doc doc
ith costant	she developed me h 2 units of bloc estinal bleeding	od. She was all		HEPARIM , RT-PA	merally dates (excit	de treatment of event)
BIRTAN be week		AAMETOBLEN EV F	_	1		
opious amount	estinal bleeding ID consumption as s of Advil for ba	she had been t	aking			
baission.	or whall ton pe	ck pain prior t	0	G. All manufacti	Irers	
				1. Contact office-name / address	(it outries she for fact.	
			J	LOK THERED DETRITOR		
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				SOUTH SAN FRANCIS	CO CA CARA	3. Report Source
			1		CO, CA 94080	(check all that apply)
			1	į		foreign
			- 11	<u></u>		study
			11	4. Date received by manufacture		literature
			- 11	(morday/yr)	J	hcalth professional
			- 11	02/12/1999	(A) NDA # 20	-718 user facility
			IΓ		IND#	company
			- 11	6. If IND, protocol #		remementative
			11		PLA#	distributor
						- Carrotto
Hevant lests/laborate			- 11	7. Type of report		CHARLETET
elevant tests/laboratory d	inte, including dates			7. Type of report (check all that apply)	pre-1938	
elevant tests/laboratory d	late, including dates			7. Type of report (check all that apply) 5-day 15-day	pre-1938 OTC -	CHARLETET
elevant tesia/laboratory d	nto. including dates			(check all that apply) 5-day [] 15-day	pre-1938 OTC product	yes Cyonumer yes wher:
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health professionals of adverse vents and product problems

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PDA Use Only	See CAMP atmospert on it
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		roduct problems	chai	anguence 90836
	Page	of	CDEX	
1. Petent identifier 2. Age at time of event: 3. Sex	4. Weight	C. Suspect r	nedication(s)	
Date care property for the famile	ibs	1. Name (give labeled	strength & mfr/labele	r, if known)
anfidence of birth:	or kgs		bin acom	
B. Adverse event or product problem		2. Dose, frequency &	n 325mi	Therapy data with
Outcomes attributed to adverse event (check all that apply) Product problem (e.g., defects/mall check all that apply)	functions)	11 6-8 table		Therapy dates (if unknown, give duration fromto (or best sebma(s)
disability		L=2 2-3 table		"Surral months
congenital anomaly congenital anomaly life-threatening required intervention to prev		mariosis (01 (180 (11	ndication)	Sevenal montal 5. Event absted after use
permanent impairment/dam.	age	"Aches/Pa	<u>uns</u>	stopped or dose reduced
3. Date of svent		6. Lot # (if known)		#1 Dres _ no _ doesn
5. Describe event or problem this report 11/20/98	71	#1	7. Exp. date (if	known) #2 Ves no doesr
Patient had black stooks since Su		#2	-	8. Event reappeared after reintroduction
11/5/98 - came into the ER on 11/17/98 -	noay	. NDC # (for product prot		#1 _iyes _ no
hypotenoive, back stool, & HCT.		~	~	
lated EGD and aread larged as	- 11'	V. Concomitant medical	products and therap	y dates (exclude treatment of event)
Had EGD performed-bound an	- 11	100110,		
ulcer on the bulb of the duodenum,				
duodentitis, gastritis. Patient had		Suspect man	·	
a @ CLD test for H. pylori.	1.). Suspect med Brand name	ical device	
Started on Jansopragole and triple	2.	Type of device		
therapy for N. pylori DSS	1	Manufacturer name & ad		
The capy in in pylon		•		4. Operator of device
MAR 2 3 1999	- 11:	PFC.	י סי.	health professiona. [] lay user/patient
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ADVERSE EVENT REPORTING SYSTEM		.• · · · · · · · · · · · · · · · · · · ·	2 1999	
6. Relevant tests/japovston/ det	6.	MEDVINTO	HICTU	5. Expiration date
6. Relevant tests/laboratory data. including dates			2.7 010	
111	catalo			7. If implanted, give date
11/17/198 32	serial			
1/20148 37	lot # _			8. If explanted, give date
-	Other a	ice available for evaluati		
baseline HCT > 6 morths prior 47		yes no	returned to macri	end to FDA)
Other relevant history, including preexisting medical conditions (e.g., allergies, ace, pregnancy, smoking and alcohol use, hepatic/renst death.	10. Co	ncomitant medical produ	icts and therapy dates	lexclude treatment of event)
	71			and addition events
Sleep Aprila	E -			
	1. Nam	eporter (see conf	identiality section	n on back)
		CUMBAC PAR V.A. MEDIOAL B		
		EGA Co	(1901) Sulfie	
		SALT LAKE BITY	Spire Pally	
Mail to: MEDWATCH OF EAV.	2. Health	(8 01)*5 82* 555°5%	patien	4. Also reported to
5600 Flshers Lane 1-800-FDA-0178 Rockville, MD 20852-9787			(m))n	Tanulacturer 18
orm 3500 (6/93) Submission of a report does not accept the	the ma	do NOT want your identi nufacturer, place an " X	ty disclosed to	,
Gubmission of a report does not constitute an admission 9834	on that medi	cal personnel or the p	roduct caused or o	alstributor
<i>100</i> Ψ		•		ontributed to the event.